

TAXPAYER'S COPY

EXTENDED TO MAY 17, 2021

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2019

Open to Public Inspection

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.

A For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Doing business as **BUILDING FUTURES WITH WOMEN AND**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1840 FAIRWAY DRVIE

City or town, state or province, country, and ZIP or foreign postal code
SAN LEANDRO, CA 94577

D Employer identification number
94-3100741

E Telephone number
(510)357-0205

F Name and address of principal officer:**ELIZABETH VARELA**
1840 FAIRWAY DRIVE, SAN LEANDRO, CA 94577

G Gross receipts \$ **7,191,846.**

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **BFWC.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1986** **M** State of legal domicile: **CA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ENDING HOMELESSNESS AND DOMESTIC VIOLENCE OF WOMEN AND CHILDREN	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 3 11
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 11
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 104
	6	Total number of volunteers (estimate if necessary) 6 157
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	7b	Net unrelated business taxable income from Form 990-T, line 39 7b 0.
Revenue	8	Contributions and grants (Part VIII, line 1h) 716,035. 1,061,784.
	9	Program service revenue (Part VIII, line 2g) 4,945,953. 6,099,367.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 84,500. 29,027.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,746,488. 7,190,178.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,762,459. 3,339,116.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 326,087.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,796,572. 3,718,482.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 5,559,031. 7,057,598.	
19	Revenue less expenses. Subtract line 18 from line 12 187,457. 132,580.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 2,611,652. 3,288,072.
	21	Total liabilities (Part X, line 26) 1,602,045. 2,145,885.
	22	Net assets or fund balances. Subtract line 21 from line 20 1,009,607. 1,142,187.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer **ELIZABETH VARELA, EXECUTIVE DIRECTOR** Date

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Paid Preparer Use Only

Print/Type preparer's name **PATRICIA A. WINTROATH** Preparer's signature *Patricia A Wintroath* Date **05/07/21** Check if self-employed PTIN **P00430440**

Firm's name ▶ **PATRICIA A. WINTROATH, CPA** Firm's EIN ▶

Firm's address ▶ **2121 N. CALIFORNIA BLVD., SUITE 290 WALNUT CREEK, CA 94596** Phone no. **925-974-3310**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: ENDING HOMELESSNESS AND DOMESTIC VIOLENCE OF WOMEN AND CHILDREN

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 2,619,306. including grants of \$) (Revenue \$ 2,621,508.) HOUSING PROGRAMS - AS LEAD AGENCY FOR THE HOUSING RESOURCE CENTER SERVING THE ENTIRE MID COUNTY, WE PROVIDE DIRECT RENTAL ASSISTANCE AND CASE MANAGEMENT SERVICES TO INDIVIDUALS AND FAMILIES WHO ARE HOMELESS OR AT IMMINENT RISK OF BECOMING HOMELESS. WE PROVIDE RELOCATION AND STABILIZATION SERVICES, HOUSING SEARCHES, OUTREACH TO LANDLORDS, SAFETY PLANNING, CREDIT REPAIR COUNSELING AND LEGAL SERVICES REFERRALS. IN THE PAST YEAR THIS PROGRAM HAS SERVED 1,084 PEOPLE IN 618 HOUSEHOLDS AND PROVIDED OVER \$943,000 IN DIRECT FINANCIAL ASSISTANCE. ALL OF OUR PROGRAMS ARE WELL COORDINATED SO WE ARE ABLE TO ADDRESS THE MOST CRITICAL NEED OF THE MAJORITY OF OUR CLIENTS - SAFE AND STABLE HOUSING. HOUSING WORKSHOPS AND HOUSING ASSISTANCE SERVICES ARE A KEY COMPONENT OF ALL OUR PROGRAMS.

4b (Code:) (Expenses \$ 1,591,955. including grants of \$) (Revenue \$ 1,593,155.) EMERGENCY SHELTERS - WE HAVE TWO EMERGENCY SHELTERS FOR HOMELESS WOMEN AND CHILDREN. THE SAN LEANDRO SHELTER HAS 30 BEDS AND MIDWAY, THE ALAMEDA SHELTER, HAS 25 BEDS. THIS YEAR THE PROGRAM PROVIDED 22,812 NIGHTS OF SHELTER FOR 356 WOMEN AND CHILDREN FROM 231 HOUSEHOLDS. ALL RESIDENTS ARE PROVIDED WITH THREE MEALS A DAY, SHOWERS AND LAUNDRY FACILITIES AS WELL AROUND THE CLOCK STAFFING TO ENSURE SAFETY. SUPPORT SERVICES ARE PROVIDED FOCUSING ON CONNECTING RESIDENTS TO AVAILABLE, SUSTAINABLE HOUSING. OVER SEVENTY PERCENT OF THE WOMEN WHO STAYED IN OUR EMERGENCY SHELTERS LAST YEAR FOR 30 DAYS OR LONGER EXITED WITH IMPROVEMENTS IN ONE OR BOTH OF THE TWO KEY MEASURES FOR BUILDING STABILITY - HOUSING, A SOURCE OF INCOME, OR BOTH. MENTAL HEALTH

4c (Code:) (Expenses \$ 1,103,587. including grants of \$) (Revenue \$ 1,104,595.) DOMESTIC VIOLENCE SHELTER AND COMMUNITY SERVICES - WE OPERATE A 20 BED SAFE HOUSE TO SHELTER WOMEN AND CHILDREN FLEEING DOMESTIC VIOLENCE. THIS YEAR THE SAFE HOUSE PROVIDED 7,071 NIGHTS OF SHELTER FOR 78 WOMEN AND 35 CHILDREN. ALL RESIDENTS ARE PROVIDED WITH THREE MEALS A DAY, SHOWERS AND LAUNDRY FACILITIES AS WELL AROUND THE CLOCK STAFFING TO ENSURE SAFETY. CASE MANAGEMENT AND CLINICAL SERVICES ARE GEARED TO HELP RESIDENTS BUILD FUTURES FREE FROM HOMELESSNESS AND FAMILY VIOLENCE AND INCLUDE PEER COUNSELING, SUPPORT GROUPS, AND EMPLOYMENT AND HOUSING ASSISTANCE. THE THERAPEUTIC CHILDREN'S PROGRAM PROVIDES ACTIVITIES FOR THE CHILDREN OF RESIDENTS. PARENTING GROUPS AND CLINICAL COUNSELING ARE ALSO PROVIDED. DOMESTIC VIOLENCE SUPPORT GROUPS WERE PROVIDED IN THE COMMUNITY TO OVER 160 VICTIMS AND WE TRAINED 30 DOMESTIC VIOLENCE

4d Other program services (Describe on Schedule O.) (Expenses \$ 779,283. including grants of \$) (Revenue \$ 780,109.)

4e Total program service expenses 6,094,131.

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

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Part IV Checklist of Required Schedules (continued)

		Yes	No
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	125
1b	0

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 104		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
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.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section 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 11 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **ELIZABETH VARELA - (510)357-0205**
1840 FAIRWAY DRIVE, SAN LEANDRO, CA, SAN LEANDRO, CA 94577

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GAYLE THOMAS SECRETARY	2.00	X		X			0.	0.	0.	
(2) DENI ADANIYA VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(3) CRISTI DUGGER DIRECTOR	2.00	X					0.	0.	0.	
(4) CARLA DARTIS DIRECTOR	2.00	X					0.	0.	0.	
(5) SANDY SCHNIEDER TREASURER	2.00	X					0.	0.	0.	
(6) ROB RICH PRESIDENT	2.00	X		X			0.	0.	0.	
(7) JEAN HOM DIRECTOR	2.00	X					0.	0.	0.	
(8) SHELLY ROMBOUGH DIRECTOR	2.00	X					0.	0.	0.	
(9) MIRIAM DELAGRANGE DIRECTOR	2.00	X					0.	0.	0.	
(10) PAUL CARNEY DIRECTOR	2.00	X					0.	0.	0.	
(11) ANITA BURNAFORD DIRECTOR	2.00	X					0.	0.	0.	

**CORNERSTONE COMMUNITY DEVELOPMENT
CORPORATION**

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position <small>(do not check more than one box, unless person is both an officer and a director/trustee)</small>						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	0.	0.	

- 2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1
- | | Yes | No |
|--|-----|----------|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,061,784.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			1,061,784.			
Program Service Revenue	2 a <u>GOVERNMENT CONTRACTS</u>	Business Code	624200	5,737,598.	5,737,598.		
	b <u>COVID RELATED REVENUE</u>	624200		134,801.	134,801.		
	c <u>OTHER PROGRAM REVENUE</u>	624200		119,062.	119,062.		
	d <u>IHN REVENUE</u>	624200		97,406.	97,406.		
	e <u>FORGIVENESS OF DEBT</u>	624200		10,500.	10,500.		
	f All other program service revenue						
	g Total. Add lines 2a-2f			6,099,367.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a		30,695.				
		8b	1,668.				
c Net income or (loss) from fundraising events			29,027.		29,027.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			7,190,178.	6,099,367.	0.	29,027.	

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,770,483.	2,424,204.	161,302.	184,977.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	324,627.	312,611.	-7,465.	19,481.
10 Payroll taxes	244,006.	215,092.	12,257.	16,657.
11 Fees for services (nonemployees):				
a Management				
b Legal	15,095.		15,095.	
c Accounting	19,211.	5,000.	14,211.	
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 Sch O.)	462,534.	229,775.	172,905.	59,854.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	381,878.	322,496.	55,956.	3,426.
17 Travel	27,917.	25,553.	1,837.	527.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	14,367.		14,367.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	54,830.		54,830.	
23 Insurance	44,970.	27,455.	9,198.	8,317.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT CLIENT ASSISTANC	1,893,630.	1,820,729.	71,701.	1,200.
b DONATED GOODS	241,866.	238,765.		3,101.
c EQUIPMENT RENTAL	187,692.	152,970.	34,104.	618.
d SUPPLIES & FOOD	174,303.	127,101.	43,591.	3,611.
e All other expenses	200,189.	192,380.	-16,509.	24,318.
25 Total functional expenses. Add lines 1 through 24e	7,057,598.	6,094,131.	637,380.	326,087.
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)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	633,809.	1	1,017,016.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	786,635.	3	1,073,550.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	0.	9	38,874.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,906,098.		
	10b	Less: accumulated depreciation	769,720.		
			1,191,208.	10c	1,136,378.
	11	Investments - publicly traded securities		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	0.	15	22,254.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,611,652.	16	3,288,072.	
Liabilities	17	Accounts payable and accrued expenses	310,505.	17	457,144.
	18	Grants payable		18	
	19	Deferred revenue	89,227.	19	72,373.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	901,873.	23	1,516,368.
	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	300,440.	25	100,000.
	26	Total liabilities. Add lines 17 through 25	1,602,045.	26	2,145,885.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	999,607.	27	1,084,121.
	28	Net assets with donor restrictions	10,000.	28	58,066.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	1,009,607.	32	1,142,187.
33	Total liabilities and net assets/fund balances	2,611,652.	33	3,288,072.	

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,190,178.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,057,598.
3	Revenue less expenses. Subtract line 2 from line 1	3	132,580.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,009,607.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,142,187.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization **CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION**

Employer identification number
94-3100741

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 33 1/3% 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 33 1/3% 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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.
 - a **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.**
 - 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.**
 - 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.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations []
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

CORNERSTONE COMMUNITY DEVELOPMENT

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	709,305.	627,434.	688,394.	716,035.	1061784.	3802952.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	709,305.	627,434.	688,394.	716,035.	1061784.	3802952.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						680,213.
6 Public support. Subtract line 5 from line 4.						3122739.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	709,305.	627,434.	688,394.	716,035.	1061784.	3802952.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,241.	27,356.	24,373.	24,342.		77,312.
11 Total support. Add lines 7 through 10						3880264.
12 Gross receipts from related activities, etc. (see instructions)					12	21,891,096.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	80.48 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	87.24 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
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 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

CORNERSTONE COMMUNITY DEVELOPMENT

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.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

CORNERSTONE COMMUNITY DEVELOPMENT

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Section 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.	2	

Section 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).	1	

Section 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 trustees 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), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b 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.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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	
b 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.	3b	

CORNERSTONE COMMUNITY DEVELOPMENT

Schedule A (Form 990 or 990-EZ) 2019 **CORPORATION**

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections 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 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 instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

CORNERSTONE COMMUNITY DEVELOPMENT

Schedule A (Form 990 or 990-EZ) 2019 **CORPORATION**

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
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 the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

CORNERSTONE COMMUNITY DEVELOPMENT

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Lined area for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Employer identification number

94-3100741

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION	Employer identification number 94-3100741
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALAMEDA HOMELESS NETWORK 921 BROADWAY ALAMEDA, CA 94501	\$ 120,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BAY AREA COMMUNITY SERVICES 390 40TH STREET OAKLAND, CA 94609	\$ 19,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE CRESCENT PORTER HALE FOUNDATION 1660 BUSH ST #300 SAN FRANCISCO, CA 94109	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WALTER & ELSIE HAAS FUND ONE LOMBARD #305 SAN FRANCISCO, CA 94111	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SAINT LEANDER CATHOLIC CHURCH 474 W. ESTUDILLO AVENUE SAN LEANDRO, CA 94577	\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	COLEMAN CHARITABLE FOUNDATION 5530 FERNHOFF ROAD OAKLAND, CA 94619	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION	Employer identification number 94-3100741
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	EVELYN & WALTER HAAS, JR. FOUNDATION 114 SANSOME ST., #600 SAN FRANCISCO, CA 94105	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	EDEN HEALTH DISTRICT 20400 LAKE CHABOT ROAD #303 CASTRO VALLEY, CA 94546	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	TJX FOUNDATION 3140 FOSTORIA WAY DANVILLE, CA 94526	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BERGARD & ALBA WITKINS FOUNDATION P.O. BOX 7190 BERKELEY, CA 94707	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	KAISER PERMANENTE 2401 MERCED STREET, #100 SAN LEANDRO, CA 94577	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	PERRY & LEE SMITH FUND OF THE SAN FRANCISCO FOUNDATION 117 HACIENDA DRIVE TIBURON, CA 94920	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION	Employer identification number 94-3100741
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	WAYNE & GLADYS VALLEY FOUNDATION 1939 HARRISON STREET, SUITE 510 OAKLAND, CA 94612	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	SUNLIGHT GIVING FOUNDATION 855 EL CAMINO REAL, BLDG 4, #250 PALO ALTO, CA 94301	\$ 105,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	PINPOINT FOUNDATION 855 EL CAMINO REAL, BLDG 4, #250 PALO ALTO, CA 94301	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	WEST DAVIS & BERGARD FOUNDATION 4146 REDWOOD ROAD OAKLAND, CA 94619	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	COMMUNITY INIATIVES 1000 BROADWAY, SUITE #480 OAKLAND, CA 94607	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	EAST BAY COMMUNITY FOUNDATION 200 FRANK H. OGAWA PLAZA OAKLAND, CA 94612	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION	Employer identification number 94-3100741
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<u>EAST BAY COMMUNITY ENERGY</u> <u>1111 BROADWAY</u> <u>OAKLAND, CA 94612</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<u>ILLINOIS #3 FOUNDATOIN</u> <u>PO BOX 900</u> <u>ARTESIA, NM 88211</u>	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	<u>MICHAEL & NANCY PRETTO</u> <u>775 BRIDGE ROAD</u> <u>SAN LEANDRO, CA 94577</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	<u>RIPPLE WORK INC</u> <u>889 WINSLOW ST</u> <u>REDWOOD CITY, CA 94063</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	<u>WOMEN FOUNDATION</u> <u>300 FRANK H. OGAWA PLAZA #420</u> <u>OAKLAND, CA 94612</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	<u>WELLS FARGO COMMUNITY DEVELOPMENT</u> <u>794 DAVIS STREET 1ST FLOOR</u> <u>SAN LEANDRO, CA 94577</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION	Employer identification number 94-3100741
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	UNITED WAY OF BAY AREA 550 KEARNY STREET, SUITE 1000 SAN FRANCISCO, CA 94108	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION	Employer identification number 94-3100741
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION	Employer identification number 94-3100741
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Employer identification number 94-3100741

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor informed consent.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, total number of easements, acreage restricted, and monitoring requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include questions about reporting art and historical treasures under FASB ASC 958.

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

Schedule D (Form 990) 2019

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Schedule D (Form 990) 2019

94-3100741 Page 2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		86,400.		86,400.
b Buildings		1,003,605.	391,008.	612,597.
c Leasehold improvements		776,093.	338,712.	437,381.
d Equipment		40,000.	40,000.	0.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 1,136,378.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	100,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	100,000.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**CORNERSTONE COMMUNITY DEVELOPMENT
CORPORATION**

Schedule D (Form 990) 2019

94-3100741 Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	7,305,018.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	113,172.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	1,668.	
	e Add lines 2a through 2d		2e	114,840.
3	Subtract line 2e from line 1		3	7,190,178.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,190,178.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	7,172,438.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	113,172.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	1,668.	
	e Add lines 2a through 2d		2e	114,840.
3	Subtract line 2e from line 1		3	7,057,598.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	7,057,598.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING COSTS 1,668.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING COSTS 1,668.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2019

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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.

Name of the organization **CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION** Employer identification number **94-3100741**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CORNERSTONE COMMUNITY DEVELOPMENT

Schedule G (Form 990 or 990-EZ) 2019 **CORPORATION**

94-3100741 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BUILT TO LAST FUNDRAIS (event type)	MISCELLANEOU COMMUNITY (event type)	NONE (total number)	
Revenue	1	Gross receipts	28,670.	2,025.	30,695.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	28,670.	2,025.	30,695.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	1,668.		1,668.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			1,668.
	11	Net income summary. Subtract line 10 from line 3, column (d)			29,027.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

CORNERSTONE COMMUNITY DEVELOPMENT

Schedule G (Form 990 or 990-EZ) 2019 CORPORATION

94-3100741 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION** Employer identification number **94-3100741**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>DINNERS FOR H</u>)	X	365	195,140.	39028 MEALS AT APPRO
26	Other ▶ (<u>CLOTHES TOYS</u>)	X	2,395	43,625.	FMV (MOST ITEMS ARE
27	Other ▶ (<u>AUCTIONABLE I</u>)	X	100	3,101.	ITEMS DONATED FOR FU
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

CORNERSTONE COMMUNITY DEVELOPMENT

Schedule M (Form 990) 2019 CORPORATION

94-3100741 Page 2

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Lined area for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

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Inspection

Name of the organization	CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION	Employer identification number	94-3100741
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FORM 990, PART I, DOING BUSINESS AS:

BUILDING FUTURES WITH WOMEN AND CHILDREN

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

COUNSELING, DOMESTIC VIOLENCE, PARENTING SUPPORT GROUPS AND DEVELOPMENTALLY APPROPRIATE CHILDREN'S PROGRAM SERVICES ARE ALSO PROVIDED FOR RESIDENTS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

COUNSELORS IN OUR 40 HOUR DOMESTIC VIOLENCE TRAINING. WE ALSO PROVIDE COMPREHENSIVE SUPPORT SERVICES FOR A 52 UNIT SECURE COMPLEX OF TRANSITIONAL AND PERMANENT HOUSING FOR VICTIMS OF DOMESTIC VIOLENCE. AT OUR OFFICE AT THE FAMILY JUSTICE CENTER WE ASSISTED 60 VICTIMS OF DOMESTIC VIOLENCE TO HELP THEM AVOID BECOMING HOMELESS OR TO RAPIDLY REHOUSE THEM. OUR TOLL FREE CRISIS LINE RESPONDED TO OVER 7,000 CALLS THIS YEAR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

APRIL SHOWERS: THE INTERFAITH HOMELESSNESS NETWORK (IHN) OF SAN LEANDRO WAS FORMED TO INCREASE PUBLIC AWARENESS OF, TO ADVOCATE FOR, AND TO PROVIDE SERVICES TO THE HOMELESS. IN THE IHN APRIL SHOWERS PROGRAM, VOLUNTEERS OPEN THE SHOWERS AT THE LOCAL BOYS AND GIRLS CLUB ON SUNDAY AFTERNOONS TO HOMELESS MEN AND WOMEN. IN ADDITION TO TOILETRIES, TOWELS, AND NEW UNDERWEAR FOR THE SHOWERS, WE PROVIDE A HOT LUNCH, SACK LUNCHES TO GO, A SELECTION OF USED CLOTHING, HAIRCUTS AND VOUCHERS FOR LAUNDRY SERVICES AT A LOCAL LAUNDROMAT.

Name of the organization **CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION**

Employer identification number
94-3100741

EXPENSES \$ 779,283. INCLUDING GRANTS OF \$ 0. REVENUE \$ 780,109.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS DELIVERED, MAILED OR EMAILED, AS APPROPRIATE, TO EACH BOARD MEMBER. QUESTIONS, COMMENTS, AND/OR CORRECTIONS ARE DIRECTED TO THE EXECUTIVE DIRECTOR, THE TREASURER OF THE BOARD OF THE DIRECTORS AND/OR THE FINANCE DIRECTOR. ANY UNRESOLVED ISSUES ARE ADDRESSED BY THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS. ONLY AFTER ALL QUESTIONS AND ISSUES ARE RESOLVED WILL THE EXECUTIVE DIRECTOR SIGN AND SUBMIT FORM 990 TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

MEMBERS OF THE BOARD OF DIRECTORS SUBMIT INDIVIDUALLY COMPLETED AND SIGNED CONFLICT OF INTEREST POLICY STATEMENTS, TO THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS, ANNUALLY. THE GOVERNANCE COMMITTEE, COMPOSED OF THE PRESIDENT OF THE BOARD, THE CHAIR OF THE INTERNAL COMMITTEE AND THE CHAIR OF THE EXTERNAL COMMITTEE REVIEW THE FORMS AND FOLLOWS UP WITH POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS HIRES THE EXECUTIVE DIRECTOR, DETERMINING COMPENSATION BASED ON COMPARISON TO SALARIES FOR COMPARABLE DIRECTORS IN THE BAY AREA, EDUCATION AND EXPERIENCE, AND THE FISCAL RESTRAINTS OF THE AGENCY.

THE GOVERNANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE ONGOING PERFORMANCE OF THE EXECUTIVE DIRECTOR AND RECOMMENDS CHANGES TO COMPENSATION TO THE FULL BOARD FOR APPROVAL.

IN BOTH CASES, THE DIRECTORS PREPARE A WRITTEN DOCUMENT AUTHORIZING THE

Name of the organization **CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION**

Employer identification number
94-3100741

OPERATIONS MANAGER TO EFFECT THE CHANGE.

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION MAKES ITS FORM 1023 AVAILABLE BY REQUEST. THE ORGANIZATION'S FORM 990 IS AVAILABLE ON REQUEST AND THROUGH THE GUIDESTAR WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEB PAGE OR UPON REQUEST TO 1395 BANCROFT AVENUE, SAN LEANDRO, CA 94577.

FORM 990, PART XII, LINE 2C

NO CHANGES HAVE BEEN MADE IN THE OVERSIGHT PROCESS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

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Open to Public
Inspection

Name of the organization

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Employer identification number

94-3100741

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BESSIE COLEMAN COURT, INC - 91-3354623 1395 BANCROFT AVENUE, #13 SAN LEANDRO, CA 94577	TO PROVIDE FOOD, SHELTER AND SOCIAL SERVICES TO WOMEN & CHILDREN IN THE	CALIFORNIA	501(C)(3)	509(A)(2)			X

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

SEE PART VII FOR CONTINUATIONS

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportional allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)		<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)		<input checked="" type="checkbox"/>
f Dividends from related organization(s)		<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)		<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)		<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)		<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)		<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)		<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)		<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses		<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses		<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)		<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)		<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	BESSIE COLEMAN COURT, INC.	L	0.	
(2)	BESSIE COLEMAN COURT, INC.	O	0.	
(3)				
(4)				
(5)				
(6)				

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

BESSIE COLEMAN COURT, INC

PRIMARY ACTIVITY: TO PROVIDE FOOD, SHELTER AND SOCIAL SERVICES TO WOMEN & CHILDREN IN THE CO.

2019 DEPRECIATION AND AMORTIZATION REPORT

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990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	BUILDING	07/26/99	SL	30.00		16	206,250.				206,250.	136,356.		6,875.	143,231.
2	LAND	07/26/99	L				86,400.				86,400.			0.	
3	SMH BUILDING IMPROVEMENTS	05/01/02	SL	30.00		16	1,582.				1,582.	927.		53.	980.
4	SMH BUILDING IMPROVEMENTS	05/16/02	SL	30.00		16	2,850.				2,850.	1,663.		95.	1,758.
5	SMH BUILDING IMPROVEMENTS	02/14/00	SL	30.00		16	50,000.				50,000.	32,506.		1,667.	34,173.
6	SMH BUILDING IMPROVEMENTS	02/14/00	SL	30.00		16	50,000.				50,000.	32,506.		1,667.	34,173.
7	FENCE	06/24/03	SL	30.00		16	1,225.				1,225.	676.		41.	717.
8	IMPROVEMENT - INSTALL CLEANOUT	03/27/03	SL	30.00		16	1,203.				1,203.	660.		40.	700.
9	IMPROVEMENT - SEWER	05/01/03	SL	30.00		16	3,989.				3,989.	2,194.		133.	2,327.
10	FINANCING CHARGES	07/26/99	SL	30.00		16	17,819.				17,819.	11,880.		594.	12,474.
11	SEWER IMPROVEMENT	10/30/03	SL	30.00		16	9,475.				9,475.	5,056.		316.	5,372.
12	LEASEHOLD IMPROVEMENTS - SLS	11/01/05	SL	30.00		16	538,709.				538,709.	286,597.		17,957.	304,554.
13	VEHICLE	10/09/09	SL	5.00		16	17,500.				17,500.	17,500.		0.	17,500.
14	SMH BUILDING IMPROVEMENTS	06/30/13	SL	30.00		16	552,393.				552,393.	109,604.		18,413.	128,017.
15	LEASEHOLD IMPROVEMENTS - SLS	11/08/12	SL	10.00		16	3,440.				3,440.	2,236.		344.	2,580.
16	LEASEHOLD IMPROVEMENTS - BANCROFT	02/01/13	SL	10.00		16	3,231.				3,231.	1,252.		323.	1,575.
17	LEASEHOLD IMPROVEMENT - MIDWAY	11/27/13	SL	5.00		16	5,500.				5,500.	5,500.		0.	5,500.
18	LEASEHOLD IMPROVEMENT - MIDWAY	12/31/13	SL	5.00		16	25,000.				25,000.	25,000.		0.	25,000.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

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990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	BLDG IMPROVEMENTS - RENOVATION	07/12/13	SL	30.00		16	106,819.				106,819.	21,217.		3,561.	24,778.
20	VEHICLE - CHEVY VAN	07/01/12	SL	5.00		16	22,500.				22,500.	22,500.		0.	22,500.
21	LEASEHOLD IMPROVEMENTS - MIDWAY	06/30/18	200DB	5.00	MC17	17	193,482.				193,482.	1,304.		1,001.	2,305.
22	LEASEHOLD IMPROVEMENT - MIDWAY	06/30/19	200DB	5.00	MC17	17	8,975.				8,975.			1,750.	1,750.
	* TOTAL 990 PAGE 10 DEPR						1,908,342.				1,908,342.	717,134.		54,830.	771,964.

TAXABLE YEAR

2019

California Exempt Organization Annual Information Return

928941 12-04-19 FORM

199

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy) 07/01/2019, and ending (mm/dd/yyyy) 06/30/2020

Corporation/Organization name CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION California corporation number 1616233

Additional information. See instructions. FEIN 94-3100741

Street address (suite or room) 1840 FAIRWAY DRVIE PMB no.

City SAN LEANDRO State CA ZIP code 94577

Foreign country name Foreign province/state/county Foreign postal code

Form sections A through O with checkboxes for filing status, accounting method, and other organizational details.

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 4 columns: Description, Line Number, Amount, and Balance. Rows include Receipts and Revenues, Expenses, and Filing Fee.

Sign Here section containing signature of Patricia A. Wintroath, Executive Director, dated 05/07/21, and firm information for Patricia A. Wintroath, CPA.

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

94-3100741

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

928951 12-04-19

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	30,695	00
	2	Interest	2		00
	3	Dividends	3		00
	4	Gross rents	4		00
	5	Gross royalties	5		00
	6	Gross amount received from sale of assets (See Instructions)	6		00
	7	Other income SEE STATEMENT 2	7	6,099,367	00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	6,130,062	00
	9	Contributions, gifts, grants, and similar amounts paid	9		00
	10	Disbursements to or for members	10		00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	11	0	00
	12	Other salaries and wages	12	2,770,483	00
	13	Interest	13	14,367	00
	14	Taxes	14	244,006	00
	15	Rents	15	381,878	00
	16	Depreciation and depletion (See instructions)	16	54,830	00
	17	Other Expenses and Disbursements SEE STATEMENT 4	17	3,593,702	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	7,059,266	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		633,809		1,017,016
2 Net accounts receivable				
3 Net notes receivable				
4 Inventories				
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments				
10 a Depreciable assets STMT 8	1,821,942		1,821,942	
b Less accumulated depreciation	(717,134	1,104,808	(771,964)	1,049,978
11 Land		86,400		86,400
12 Other assets STMT 5		786,635		1,134,678
13 Total assets		2,611,652		3,288,072
Liabilities and net worth				
14 Accounts payable		310,505		457,144
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		901,873		1,516,368
18 Other liabilities STMT 6		389,667		172,373
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		1,009,607		1,142,187
22 Total liabilities and net worth		2,611,652		3,288,072

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• 132,580	7 Income recorded on books this year not included in this return	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	132,580
6 Total. Add line 1 through line 5	132,580		

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ALAMEDA HOMELESS NETWORK	921 BROADWAY ALAMEDA, CA 94501		120,500.
BAY AREA COMMUNITY SERVICES	390 40TH STREET OAKLAND, CA 94609		19,000.
THE CRESCENT PORTER HALE FOUNDATION	1660 BUSH ST #300 SAN FRANCISCO, CA 94109		20,000.
WALTER & ELSIE HAAS FUND	ONE LOMBARD #305 SAN FRANCISCO, CA 94111		30,000.
SAINT LEANDER CATHOLIC CHURCH	474 W. ESTUDILLO AVENUE SAN LEANDRO, CA 94577		16,500.
COLEMAN CHARITABLE FOUNDATION	5530 FERNHOFF ROAD OAKLAND, CA 94619		8,000.
EVELYN & WALTER HAAS, JR. FOUNDATION	114 SANSOME ST., #600 SAN FRANCISCO, CA 94105		10,000.
EDEN HEALTH DISTRICT	20400 LAKE CHABOT ROAD #303 CASTRO VALLEY, CA 94546		30,000.
TJX FOUNDATION	3140 FOSTORIA WAY DANVILLE, CA 94526		15,000.
BERGARD & ALBA WITKINS FOUNDATION	P.O. BOX 7190 BERKELEY, CA 94707		10,000.
KAISER PERMANENTE	2401 MERCED STREET, #100 SAN LEANDRO, CA 94577		50,000.
PERRY & LEE SMITH FUND OF THE SAN FRANCISCO FOUNDATION	117 HACIENDA DRIVE TIBURON, CA 94920		7,500.
WAYNE & GLADYS VALLEY FOUNDATION	1939 HARRISON STREET, SUITE 510 OAKLAND, CA 94612		25,000.
SUNLIGHT GIVING FOUNDATION	855 EL CAMINO REAL, BLDG 4, #250 PALO ALTO, CA 94301		105,000.
PINPOINT FOUNDATION	855 EL CAMINO REAL, BLDG 4, #250 PALO ALTO, CA 94301		25,000.

CORNERSTONE COMMUNITY DEVELOPMENT CORPOR

94-3100741

WEST DAVIS & BERGARD FOUNDATION	4146 REDWOOD ROAD OAKLAND, CA 94619	9,000.
COMMUNITY INITIATIVES	1000 BROADWAY, SUITE #480 OAKLAND, CA 94607	75,000.
EAST BAY COMMUNITY FOUNDATION	200 FRANK H. OGAWA PLAZA OAKLAND, CA 94612	20,000.
EAST BAY COMMUNITY ENERGY	1111 BROADWAY OAKLAND, CA 94612	10,000.
ILLINOIS #3 FOUNDATION	PO BOX 900 ARTESIA, NM 88211	35,000.
MICHAEL & NANCY PRETTO	775 BRIDGE ROAD SAN LEANDRO, CA 94577	5,000.
RIPPLE WORK INC	889 WINSLOW ST REDWOOD CITY, CA 94063	25,000.
WOMEN FOUNDATION	300 FRANK H. OGAWA PLAZA #420 OAKLAND, CA 94612	10,000.
WELLS FARGO COMMUNITY DEVELOPMENT	794 DAVIS STREET 1ST FLOOR SAN LEANDRO, CA 94577	5,000.
UNITED WAY OF BAY AREA	550 KEARNY STREET, SUITE 1000 SAN FRANCISCO, CA 94108	20,000.
TOTAL INCLUDED ON LINE 3		<u>705,500.</u>

CA 199

OTHER INCOME

STATEMENT 2

DESCRIPTION

AMOUNT

GOVERNMENT CONTRACTS	5,737,598.
OTHER PROGRAM REVENUE	119,062.
COVID RELATED REVENUE	134,801.
FORGIVENESS OF DEBT	10,500.
IHN REVENUE	97,406.
TOTAL TO FORM 199, PART II, LINE 7	<u>6,099,367.</u>

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HRS WORKED/WK</u>	<u>COMPENSATION</u>
GAYLE THOMAS 1840 FAIRWAY DRVIE SAN LEANDRO, CA 94577	SECRETARY 2.00	0.
DENI ADANIYA 1840 FAIRWAY DRVIE SAN LEANDRO, CA 94577	VICE PRESIDENT 2.00	0.
CRISTI DUGGER 1840 FAIRWAY DRVIE SAN LEANDRO, CA 94577	DIRECTOR 2.00	0.
CARLA DARTIS 1840 FAIRWAY DRVIE SAN LEANDRO, CA 94577	DIRECTOR 2.00	0.
SANDY SCHNIEDER 1840 FAIRWAY DRVIE SAN LEANDRO, CA 94577	TREASURER 2.00	0.
ROB RICH 1840 FAIRWAY DRVIE SAN LEANDRO, CA 94577	PRESIDENT 2.00	0.
JEAN HOM 1840 FAIRWAY DRVIE SAN LEANDRO, CA 94577	DIRECTOR 2.00	0.
SHELLY ROMBOUGH 1840 FAIRWAY DRVIE SAN LEANDRO, CA 94577	DIRECTOR 2.00	0.
MIRIAM DELAGRANGE 1840 FAIRWAY DRVIE SAN LEANDRO, CA 94577	DIRECTOR 2.00	0.
PAUL CARNEY 1840 FAIRWAY DRVIE SAN LEANDRO, CA 94577	DIRECTOR 2.00	0.
ANITA BURNAFORD 1840 FAIRWAY DRVIE SAN LEANDRO, CA 94577	DIRECTOR 2.00	0.

ELIZABETH VARELA
1840 FAIRWAY DRVIE
SAN LEANDRO, CA 94577

EXECUTIVE DIRECTOR
40.00

0.

TOTAL TO FORM 199, PART II, LINE 11

0.

CA 199	OTHER EXPENSES	STATEMENT	4
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DESCRIPTION

AMOUNT

DIRECT CLIENT ASSISTANC	1,893,630.
DONATED GOODS	241,866.
EQUIPMENT RENTAL	187,692.
SUPPLIES & FOOD	174,303.
DIRECT EXPENSES OF FUNDRAISING EVENTS	1,668.
OTHER EMPLOYEE BENEFITS	324,627.
LEGAL FEES	15,095.
ACCOUNTING FEES	19,211.
OTHER PROFESSIONAL FEES	462,534.
TRAVEL	27,917.
INSURANCE	44,970.
ALL OTHER EXPENSES	200,189.
TOTAL TO FORM 199, PART II, LINE 17	3,593,702.

CA 199	OTHER ASSETS	STATEMENT	5
--------	--------------	-----------	---

DESCRIPTION

BEG. OF YEAR

END OF YEAR

PLEDGES AND GRANTS RECEIVABLE	786,635.	1,073,550.
PREPAID EXPENSES AND DEFERRED CHARGES	0.	38,874.
DEPOSITS	0.	22,254.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	786,635.	1,134,678.

CA 199	OTHER LIABILITIES	STATEMENT	6
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DESCRIPTION

BEG. OF YEAR

END OF YEAR

LINE OF CREDIT	300,000.	100,000.
CLIENT RENTAL ACCOUNT	440.	0.
DEFERRED REVENUE	89,227.	72,373.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	389,667.	172,373.

CA 199	FUND BALANCES	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS		999,607.	1,084,121.
NET ASSETS WITH DONOR RESTRICTIONS		10,000.	58,066.
TOTAL TO FORM 199, SCHEDULE L, LINE 21		1,009,607.	1,142,187.

CA SCHEDULE L	DEPRECIABLE ASSETS	STATEMENT	8
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	END OF YEAR BOOK VALUE
BUILDING	206,250.	143,231.	63,019.
SMH BUILDING IMPROVEMENTS	1,582.	980.	602.
SMH BUILDING IMPROVEMENTS	2,850.	1,758.	1,092.
SMH BUILDING IMPROVEMENTS	50,000.	34,173.	15,827.
SMH BUILDING IMPROVEMENTS	50,000.	34,173.	15,827.
FENCE	1,225.	717.	508.
IMPROVEMENT - INSTALL CLEANOUT	1,203.	700.	503.
IMPROVEMENT - SEWER	3,989.	2,327.	1,662.
FINANCING CHARGES	17,819.	12,474.	5,345.
SEWER IMPROVEMENT	9,475.	5,372.	4,103.
LEASEHOLD IMPROVEMENTS -SLS	538,709.	304,554.	234,155.
VEHICLE	17,500.	17,500.	0.
SMH BUILDING IMPROVEMENTS	552,393.	128,017.	424,376.
LEASEHOLD IMPROVEMENTS - SLS	3,440.	2,580.	860.
LEASEHOLD IMPROVEMENTS - BANCROFT	3,231.	1,575.	1,656.
LEASEHOLD IMPROVEMENT - MIDWAY	5,500.	5,500.	0.
LEASEHOLD IMPROVEMENT - MIDWAY	25,000.	25,000.	0.
BLDG IMPROVEMENTS - RENOVATION	106,819.	24,778.	82,041.
VEHICLE - CHEVY VAN	22,500.	22,500.	0.
LEASEHOLD IMPROVEMENTS - MIDWAY	193,482.	2,305.	191,177.
LEASEHOLD IMPROVEMENT - MIDWAY	8,975.	1,750.	7,225.
TOTAL TO FORM 199, SCH L, LINE 10	1,821,942.	771,964.	1,049,978.

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 94-3100741

Corporation name

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

California corporation number

1616233

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
14								
SEE STATEMENT 9		1,908,342.	717,134.					
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	54,830

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	54,830
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	54,830
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC Section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)						20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12						22

CA 3885

DEPRECIATION

STATEMENT 9

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 BUILDING	07/26/99	206,250.	136,356.	SL	30.00	6,875.	
2 LAND	07/26/99	86,400.		L		0.	
3 SMH BUILDING IMPROVEMENTS	05/01/02	1,582.	927.	SL	30.00	53.	
4 SMH BUILDING IMPROVEMENTS	05/16/02	2,850.	1,663.	SL	30.00	95.	
5 SMH BUILDING IMPROVEMENTS	02/14/00	50,000.	32,506.	SL	30.00	1,667.	
6 SMH BUILDING IMPROVEMENTS	02/14/00	50,000.	32,506.	SL	30.00	1,667.	
7 FENCE	06/24/03	1,225.	676.	SL	30.00	41.	
8 IMPROVEMENT - INSTALL CLEANOUT	03/27/03	1,203.	660.	SL	30.00	40.	
9 IMPROVEMENT - SEWER	05/01/03	3,989.	2,194.	SL	30.00	133.	
10 FINANCING CHARGES	07/26/99	17,819.	11,880.	SL	30.00	594.	
11 SEWER IMPROVEMENT	10/30/03	9,475.	5,056.	SL	30.00	316.	
12 LEASEHOLD IMPROVEMENTS -SLS	11/01/05	538,709.	286,597.	SL	30.00	17,957.	
13 VEHICLE	10/09/09	17,500.	17,500.	SL	5.00	0.	
14 SMH BUILDING IMPROVEMENTS	06/30/13	552,393.	109,604.	SL	30.00	18,413.	
15 LEASEHOLD IMPROVEMENTS - SLS	11/08/12	3,440.	2,236.	SL	10.00	344.	
16 LEASEHOLD IMPROVEMENTS - BANCROFT	02/01/13	3,231.	1,252.	SL	10.00	323.	
17 LEASEHOLD IMPROVEMENT - MIDWAY	11/27/13	5,500.	5,500.	SL	5.00	0.	
18 LEASEHOLD IMPROVEMENT - MIDWAY	12/31/13	25,000.	25,000.	SL	5.00	0.	
19 BLDG IMPROVEMENTS - RENOVATION	07/12/13	106,819.	21,217.	SL	30.00	3,561.	
20 VEHICLE - CHEVY VAN	07/01/12	22,500.	22,500.	SL	5.00	0.	
21 LEASEHOLD IMPROVEMENTS - MIDWAY	06/30/18	193,482.	1,304.	200DB	5.00	1,001.	
22 LEASEHOLD IMPROVEMENT - MIDWAY	06/30/19	8,975.		200DB	5.00	1,750.	
TOTAL TO FORM 3885		1,908,342.	717,134.			54,830.	

TAXABLE YEAR
2019

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION	Identifying number 94-3100741
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Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	7,191,846
2 Total gross income (Form 199, line 8)	2	7,191,846
3 Total expenses and disbursements (Form 199, line 9)	3	7,059,266

Part II Settle Your Account Electronically for Taxable Year 2019

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2019 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here

TAXPAYER'S COPY
Signature of officer _____ Date _____

EXECUTIVE DIRECTOR
Title _____

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO's signature <i>Patricia A. Wintroath</i>	Date 5/11/21	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN
Firm's name (or yours if self-employed) and address PATRICIA A. WINTROATH 2121 N. CALIFORNIA BLVD., SUITE 290 WALNUT CREEK, CA	Firm's FEIN	ZIP code 94596		

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer's signature <i>Patricia A. Wintroath</i>	Date 5/11/21	Check if self-employed <input checked="" type="checkbox"/>	Paid preparer's PTIN P00430440
Firm's name (or yours if self-employed) and address PATRICIA A. WINTROATH, CPA 2121 N. CALIFORNIA BLVD., SUITE 290 WALNUT CREEK, CA	Firm's FEIN	ZIP code 94596	

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**

Section 12586 and 12587, California Government Code
11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

**CORNERSTONE COMMUNITY DEVELOPMENT
CORPORATION**

Name of Organization

BUILDING FUTURES WITH WOMEN AND CHILDREN

List all DBAs and names the organization uses or has used

1840 FAIRWAY DRVIE

Address (Number and Street)

SAN LEANDRO, CA 94577

City or Town, State, and ZIP Code

(510)357-0205

Telephone Number

E-mail Address

Check if:

- Change of address
 Amended report

State Charity Registration Number **CT067801**

Corporation or Organization No. **D-1616233**

Federal Employer ID No. **94-3100741**

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice**

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2019 ending 06/30/2020) list:

Gross Annual Revenue \$ 7,190,178 Noncash Contributions \$ 0 Total Assets \$ 3,288,072
Program Expenses \$ 6,094,131 Total Expenses \$ 7,057,598

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

ELIZABETH VARELA

EXECUTIVE DIRECTOR

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1 INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT 10
PART B, LINE 5

LISA D. FITTS
HOUSING AUTHORITY OF THE CITY OF ALAMEDA
701 ATLANTIC AVE.
ALAMEDA, CA 94501
510-747-4321

QASSIM A MOON
ALAMEDA POINT COLLABORATIVE
677 W. RANGER AVENUE
ALAMEDA, CA 94501
510-898-7838

ARMANI YARBROUGH
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
SAN FRANCISCO REGIONAL OFFICE
ONE SANSOME ST, STE 1200
SAN FRANCISCO, CA 94104-4430
415-489-6581

JOSHUA KENTNER
DOMESTIC VIOLENCE UNIT, CALOES
3650 SCHRIEVER AVE.
MATHER, CA 95655
916-845-8119

KEN RYKEN
ALAMEDA COUNTY DISTRICT ATTORNEY'S OFFICE
1225 FALLON STREET, 9TH FLOOR
OAKLAND, CA 94607
510-272-6238

PHAN FONG
ALAMEDA COUNTY SOCIAL SERVICES AGENCY, CONTRACTS OFFICE
1111 JACKSON STREET
OAKLAND, CA 94612
510-267-8608

KIESHA DOUGLAS
ALAMEDA COUNTY SOCIAL SERVICES AGENCY, CONTRACTS OFFICE
1111 JACKSON STREET, SUITE 103
OAKLAND, CA 94607-4860
510-267-9451

HAI PHAM
ABODE
4075 PAPAIZIAN WAY, SUITE 203
FREMONT, CA 94538
510-270-1171 X311

CONNIE SORIANO

FORM RRF-1

STATEMENT 10

ALAMEDA COUNTY CDA-HCD
224 WEST WINTON AVE, RM 108
HAYWARD CA 94544-1215
510- 670 - 6492

JULIET CROSBY
FAMILY VIOLENCE LAW CENTER
470 27TH STREET
OAKLAND CA 94612
510-208-0220

FLORA SHEK
ALAMEDA COUNTY CDA-HCD
224 WEST WINTON AVE, RM 108
HAYWARD CA 94544-1215
510- 670 - 6492

CHRISTINA NGUYEN
ALAMEDA COUNTY CDA-HCD
224 WEST WINTON AVE, RM 108
HAYWARD CA 94544-1215
510- 670 - 6492

NIC MING
CITY OF OAKLAND COMMUNITY HOUSING SERVICES DIVISION
150 FRANK H. OGAWA PLAZA, SUITE 4340
OAKLAND, CA 94612
510-238-7753

EMILY DERENTHAL
CITY OF OAKLAND COMMUNITY HOUSING SERVICES DIVISION
150 FRANK H. OGAWA PLAZA, SUITE 4340
OAKLAND, CA 94612
510-238-7753

LAURA ESCOBAR
EMERGENCY FOOD AND SHELTER PROGRAM
LOCAL BOARD
550 KEARNY ST, SUITE 100
SAN FRANCISCO, CA 94108
415-808-4380

MICHAEL JOHNSON
CITY OF OAKLAND
COMMUNITY HOUSING SERVICES DIVISION
150 FRANK H. OGAWA PLAZA, SUITE 4340
OAKLAND, CA 94612
510-238-7537

ELSA CASTILLO

CITY OF SAN LEANDRO - CITY HALL
835 EAST 14TH STREET
SAN LEANDRO, CA 94577
(510) 577-3466

KIMBERLY ANDERSON
CITY OF SAN LEANDRO
COMMUNITY DEVELOPMENT DEPT.
835 EAST 14TH ST.
SAN LEANDRO, CA 94577
510-577-6003

ANA BAGTAS
CITY OF ALAMEDA
950 WEST MALL SQUARE, 2ND FLOOR
ALAMEDA, CA 94501
510-747-7400

MICHAEL DRANE
ALAMEDA COUNTY CDA-HCD
224 WEST WINTON AVE, RM 108
HAYWARD CA 94544-1215
510-670-6487

MARIANNE MORGADO/KAT FRASER
ALAMEDA COUNTY CARE CONNECT
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
1900 EMBARCADERO, SUITE 206
OAKLAND, CA 94608
WWW.ACCARECONNECT.ORG

PONNIE HILL
ALAMEDA COUNTY CARE CONNECT
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
1900 EMBARCADERO, SUITE 206
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KELLY RUSH
CITY OF OAKLAND COMMUNITY HOUSING SERVICES DIVISION
150 FRANK H. OGAWA PLAZA, SUITE 4340
OAKLAND, CA 94612
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LEIGH ANN BRENNEKE
SATELLITE AFFORDABLE HOUSING ASSOCIATES
1835 ALCATRAZ AVE.
BERKELEY, CA 94703
415-515-5997

