

**TAXPAYER'S COPY**

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

# 2021

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer **CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION**

EIN or SSN  
**94-3100741**

Name and title of officer or person subject to tax **ELIZABETH VARELA  
EXECUTIVE DIRECTOR**

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>9,715,504.</b>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **PATRICIA A. WINTROATH** to enter my PIN **55889**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

# TAXPAYER'S COPY

Date ▶

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**68500851362**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **05/10/23**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

EXTENDED TO MAY 15, 2023

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# 2021

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

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION</b>		<b>D</b> Employer identification number <b>94-3100741</b>
	Doing business as <b>BUILDING FUTURES WITH WOMEN AND</b>		<b>E</b> Telephone number <b>(510)357-0205</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1840 FAIRWAY DRIVE</b>		<b>G</b> Gross receipts \$ <b>9,723,350.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SAN LEANDRO, CA 94577</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F</b> Name and address of principal officer: <b>ELIZABETH VARELA</b> <b>1840 FAIRWAY DRIVE, SAN LEANDRO, CA 94577</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>BFWC.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1986</b>
			<b>M</b> State of legal domicile: <b>CA</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>ENDING HOMELESSNESS AND DOMESTIC VIOLENCE OF WOMEN AND CHILDREN</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>107</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>160</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>1,183,823.</b>	<b>Current Year</b> <b>1,290,883.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>8,245,400.</b>	<b>8,372,012.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>30,792.</b>	<b>52,609.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>9,460,015.</b>	<b>9,715,504.</b>
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>3,789,125.</b>	<b>4,209,106.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>573,107.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>4,333,220.</b>	<b>5,027,669.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>8,122,345.</b>	<b>9,236,775.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>1,337,670.</b>	<b>478,729.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>3,479,202.</b>	<b>End of Year</b> <b>4,175,110.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>999,345.</b>	<b>1,216,524.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,479,857.</b>	<b>2,958,586.</b>

## 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.

<b>Sign Here</b>	Signature of officer		Date
	<b>ELIZABETH VARELA, EXECUTIVE DIRECTOR</b> Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>PATRICIA A. WINTROATH</b>	Preparer's signature <i>Patricia A. Wintroath</i>	Date <b>05/10/23</b>
	Firm's name ▶ <b>PATRICIA A. WINTROATH, CPA</b>	Firm's EIN ▶	Check if self-employed <input checked="" type="checkbox"/> PTIN <b>P00430440</b>
	Firm's address ▶ <b>2121 N. CALIFORNIA BLVD., SUITE 290 WALNUT CREEK, CA 94596</b>		Phone no. <b>925-974-3310</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Form 990 (2021)

94-3100741 Page 2

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 \$ 4,620,853. including grants of \$ ) (Revenue \$ 4,791,975.)

HOUSING PROGRAMS - BUILDING FUTURES' HOUSING SERVICES INCLUDE BESSIE COLEMAN COURT, A 52-UNIT PERMANENT SUPPORTIVE HOUSING COMMUNITY FOR FORMALLY CHRONICALLY HOMELESS SURVIVORS OF DOMESTIC VIOLENCE. ALL RESIDENTS LIVING AT BESSIE COLEMAN COURT RECEIVE CASE MANAGEMENT AND ACCESS TO A RANGE OF SERVICES INCLUDING SUPPORT GROUPS, COMMUNITY GATHERINGS, CLOTHING AND HOUSEHOLD ITEMS, AND LIFE SKILLS TRAINING. BUILDING FUTURES ALSO RUNS RAPID REHOUSING SUBSIDIES AND WRAPAROUND SERVICES TO LITERALLY HOMELESS FAMILIES. THE HOUSING COMMUNITY SUPPORT PROGRAM ASSISTS CHRONICALLY HOMELESS INDIVIDUALS CONNECTED WITH HOUSING WITH TENANCY SUPPORT SERVICES INCLUDING ASSISTANCE WITH GOAL PLANNING, BUDGETING, CONNECTION TO AND MAINTANANCE OF SERVICES, RELATIONSHIPS WITH LANDLORDS,

4b (Code: ) (Expenses \$ 1,682,819. including grants of \$ ) (Revenue \$ 2,262,633.)

HOMELESS SERVICES - BUILDING FUTURES OPERATES TWO EMERGENCY SHELTERS FOR WOMEN AND CHILDREN EXPERIENCING HOMELESSNESS: THE 30-BED SAN LEANDRO SHELTER, AND THE 25-BED MIDWAY SHELTER. PARTICIPANTS ARE CONNECTED TO THE SHELTERS THROUGH ALAMEDA COUNTY'S COORDINATED ENTRY SYSTEM. SERVICES INCLUDE SHELTER, CASE MANAGEMENT, REFERRALS TO HOUSING PROGRAMS, COMMUNITY AND MAINSTREAM BENEFITS AND SERVICES, PRIMARY DENTAL, MEDICAL AND MENTAL HEALTH CARE, FINANCIAL LITERACY, AND PERSONALIZED ADVOCACY AND ASSISTANCE. RESIDENTS ALSO RECEIVE MEALS, SHOWER AND LAUNDRY FACILITIES, AND 24/7 STAFFING TO ENSURE THEIR SAFETY. IN FY 2021-22, THE TWO SHELTERS PROVIDED 347 WOMEN AND CHILDREN (148 HOUSHOLDS) WITH 12,433 BEDNIGHTS. THE AGENCY ALSO OPERATES WINTER WARMING SHELTERS IN

4c (Code: ) (Expenses \$ 1,157,107. including grants of \$ ) (Revenue \$ 1,237,868.)

DOMESTIC VIOLENCE SERVICES - A SPECTRUM OF SERVICES INCLUDING A 20-BED DOMESTIC VIOLENCE SHELTER WHERE RESIDENTS RECEIVE SHELTER, FOOD, COUNSELING, CASE MANAGEMENT, REFERRALS TO HOUSING PROGRAMS, COMMUNITY AND MAINSTREAM BENEFITS AND SERVICES, PRIMARY DENTAL, MEDICAL, AND MENTAL HEALTH CARE; FINANCIAL LITERACY, AND PERSONALIZED ADVOCACY AND ASSISTANCE. RESIDENTS ALSO RECEIVE MEALS, SHOWER AND LAUNDRY FACILITIES, AND 24/7 STAFFING TO ENSURE SAFETY. THE AGENCY ALSO PROVIDES A 24-HOUR DOMESTIC VIOLENCE CRISIS LINE AND COMMUNITY OUTREACH SERVICES INCLUDING SAFETY PLANNING, COUNSELING, SUPPORT GROUPS, COURT ACCOMPANIMENT, EDUCATION, AND OTHER NEEDED SERVICES. TWICE ANNUALLY, THE AGENCY DELIVERS THE CALIFORNIA 40-HOUR DOMESTIC VIOLENCE COUNSELOR TRAINING. SERVICES TO DV SURVIVORS

4d Other program services (Describe on Schedule O.) (Expenses \$ 876,029. including grants of \$ ) (Revenue \$ 79,536.)

4e Total program service expenses 8,336,808.

Form 990 (2021)

SEE SCHEDULE O FOR CONTINUATION(S)

**CORNERSTONE COMMUNITY DEVELOPMENT  
CORPORATION**

Form 990 (2021)

94-3100741 Page 3

**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> ? See instructions	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 <b>Section 501(c)(3) organizations.</b> 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 Rev. Proc. 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. See instructions</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

**CORNERSTONE COMMUNITY DEVELOPMENT  
CORPORATION**

Form 990 (2021)

94-3100741 Page 4

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....		
<b>Note:</b> All Form 990 filers are required to complete Schedule O .....	X	

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....		

<b>1a</b>	166
<b>1b</b>	0

**CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION**

Form 990 (2021)

94-3100741 Page 5

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

		Yes	No
<b>2a</b>	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	107	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
<b>4a</b>	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>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</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	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
<b>15</b>	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 the instructions and file Form 4720, Schedule N.		X
<b>16</b>	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
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

**CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION**

Form 990 (2021)

94-3100741 Page 6

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> <u>11</u> 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>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> <u>11</u>		
<b>2</b> 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? .....		<b>X</b>
<b>3</b> 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? .....		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....		<b>X</b>
<b>6</b> Did the organization have members or stockholders? .....		<b>X</b>
<b>7a</b> 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? .....		<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? .....	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	<b>X</b>	
<b>9</b> 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 .....		<b>X</b>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? .....		<b>X</b>
<b>b</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? .....		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<b>X</b>	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy? .....	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy? .....	<b>X</b>	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	<b>X</b>	
<b>b</b> Other officers or key employees of the organization .....	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		<b>X</b>
<b>b</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**



**CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION**

Form 990 (2021)

94-3100741 Page 7

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) EULA RACHELLE MARTIN FINANCE DIRECTOR	40.00					X	143,000.	0.	35,700.	
(2) SABRINA THOMAS EMERGENCY SERVICES PROGRAM DIRECTOR	40.00					X	105,000.	0.	26,200.	
(3) GAYLE THOMAS SECRETARY	2.00	X		X			0.	0.	0.	
(4) DENI ADANIYA VICE PRESIDENT	2.00	X		X			0.	0.	0.	
(5) CRISTI RITSCHER DIRECTOR	2.00	X					0.	0.	0.	
(6) CARLA DARTIS DIRECTOR	2.00	X					0.	0.	0.	
(7) SANDY SCHNIEDER TREASURER	2.00	X					0.	0.	0.	
(8) ROB RICH PRESIDENT	2.00	X		X			0.	0.	0.	
(9) JEAN HOM DIRECTOR	2.00	X					0.	0.	0.	
(10) PAUL CARNEY DIRECTOR	2.00	X					0.	0.	0.	
(11) INGRID JONSSON DIRECTOR	2.00	X					0.	0.	0.	
(12) JOLENE WRIGHT DIRECTOR	2.00	X					0.	0.	0.	

**CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION**

**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 (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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
<b>1b Subtotal</b>							248,000.	0.	61,900.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							248,000.	0.	61,900.	

**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 **3**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> 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>	<b>X</b>	
<b>5</b> 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>		<b>X</b>

**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
<b>NONE</b>		

**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**

Form 990 (2021)

94-3100741 Page 9

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 1,290,883.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 188,047.				
	<b>h Total.</b> Add lines 1a-1f .....		1,290,883.			
<b>Program Service Revenue</b>	<b>2 a</b> <u>GOVERNMENT CONTRACTS</u>	Business Code 624200	8,263,766.	8,263,766.		
	<b>b</b> <u>OTHER PROGRAM REVENUE</u>	624200	61,382.	61,382.		
	<b>c</b> <u>FORGIVENESS OF DEBT</u>	624200	24,873.	24,873.		
	<b>d</b> <u>IHN REVENUE</u>	624200	21,991.	21,991.		
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....		8,372,012.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....					
	<b>4</b> Income from investment of tax-exempt bond proceeds .....					
	<b>5</b> Royalties .....					
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real			
			(ii) Personal			
	<b>b</b> Less: rental expenses .....	<b>6b</b>				
	<b>c</b> Rental income or (loss) .....	<b>6c</b>				
	<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
			(ii) Other			
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>				
	<b>c</b> Gain or (loss) .....	<b>7c</b>				
	<b>d</b> Net gain or (loss) .....					
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
		60,455.				
<b>b</b> Less: direct expenses .....	<b>8b</b>					
<b>c</b> Net income or (loss) from fundraising events .....			52,609.		52,609.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b> Less: cost of goods sold .....	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	<b>11 a</b> .....	Business Code				
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....					
<b>12 Total revenue.</b> See instructions .....		9,715,504.	8,372,012.	0.	52,609.	

**CORNERSTONE COMMUNITY DEVELOPMENT**

Form 990 (2021)

**CORPORATION**

94-3100741 Page 10

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	150,000.	36,911.		113,089.
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	3,363,709.	2,988,509.	142,742.	232,458.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	407,765.	363,706.	21,351.	22,708.
10 Payroll taxes	287,632.	246,380.	12,807.	28,445.
11 Fees for services (nonemployees):				
a Management				
b Legal	5,764.		5,764.	
c Accounting	53,699.	10,141.	43,558.	
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.)	395,830.	262,612.	56,859.	76,359.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	399,319.	337,395.	38,375.	23,549.
17 Travel	19,722.	18,721.	822.	179.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,022.		2,022.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,961.	8,907.	55,054.	
23 Insurance	70,258.	37,187.	31,718.	1,353.
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 <b>DIRECT CLIENT ASSISTANC</b>	3,058,756.	3,047,341.		11,415.
b <b>DONATED GOODS</b>	188,047.	178,447.	9,600.	
c <b>SUPPLIES &amp; FOOD</b>	178,808.	144,559.	33,368.	881.
d <b>PROJECT CONSTRUCTION</b>	176,730.	176,730.		
e All other expenses	414,753.	479,262.	-127,180.	62,671.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	9,236,775.	8,336,808.	326,860.	573,107.
26 <b>Joint costs.</b> 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)

**CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION**

Form 990 (2021)

94-3100741 Page 11

**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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	808,908.	1	1,097,370.	
	<b>2</b> Savings and temporary cash investments .....		2		
	<b>3</b> Pledges and grants receivable, net .....	1,508,979.	3	1,879,356.	
	<b>4</b> Accounts receivable, net .....	3,770.	4	0.	
	<b>5</b> 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	
	<b>6</b> 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	
	<b>7</b> Notes and loans receivable, net .....			7	
	<b>8</b> Inventories for sale or use .....			8	
	<b>9</b> Prepaid expenses and deferred charges .....	29,990.	9	16,455.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a	2,019,917.		
	<b>b</b> Less: accumulated depreciation .....	10b	885,372.	10c	1,134,545.
	<b>11</b> Investments - publicly traded securities .....			11	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....			12	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			13	
	<b>14</b> Intangible assets .....			14	
	<b>15</b> Other assets. See Part IV, line 11 .....		22,254.	15	47,384.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....		3,479,202.	16	4,175,110.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	278,446.	17	296,247.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....	120,797.	19	160,795.	
	<b>20</b> Tax-exempt bond liabilities .....		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....			21	
	<b>22</b> 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	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	446,782.	23	588,089.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> 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 .....	153,320.	25	171,393.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	999,345.	26	1,216,524.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	2,479,857.	27	2,958,586.	
	<b>28</b> Net assets with donor restrictions .....		28		
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		29		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		30		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		31		
	<b>32</b> Total net assets or fund balances .....	2,479,857.	32	2,958,586.	
<b>33</b> Total liabilities and net assets/fund balances .....	3,479,202.	33	4,175,110.		

Form 990 (2021)

**CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION**

Form 990 (2021)

94-3100741 Page 12

**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	9,715,504.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,236,775.
3	Revenue less expenses. Subtract line 2 from line 1	3	478,729.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,479,857.
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	2,958,586.

**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 on 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			
2b	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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	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?		
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
3b	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		

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**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).)
  - 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 on 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		
<b>Total</b>						

**CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION**

Schedule A (Form 990) 2021

94-3100741 Page 2

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	688,394.	716,035.	1061784.	1183823.	1290883.	4940919.
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 <b>Total.</b> Add lines 1 through 3 .....	688,394.	716,035.	1061784.	1183823.	1290883.	4940919.
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) .....						1004803.
6 <b>Public support.</b> Subtract line 5 from line 4.						3936116.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4 .....	688,394.	716,035.	1061784.	1183823.	1290883.	4940919.
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.) .....	24,373.	24,342.		5,600.	83,373.	137,688.
11 <b>Total support.</b> Add lines 7 through 10						5078607.
12 Gross receipts from related activities, etc. (see instructions) .....					12	31,847,745.
13 <b>First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	14	77.50 %
15 Public support percentage from 2020 Schedule A, Part II, line 14 .....	15	79.69 %
16a <b>33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> 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 <b>10% -facts-and-circumstances test - 2020.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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"/>

Schedule A (Form 990) 2021



**CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION**

**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.) .....						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) .....						

**14 First 5 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	15	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	16	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	17	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	18	%

**19a 33 1/3% support tests - 2021.** 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 - 2020.** 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  
CORPORATION**

Schedule A (Form 990) 2021

94-3100741 Page 4

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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  
CORPORATION**

Schedule A (Form 990) 2021

94-3100741 Page 5

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	
<b>2</b> 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.	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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).	<b>2</b>	
<b>3</b> By reason of the relationship described on line 2, above, 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.	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> 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.	<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, 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.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? If "Yes" or "No" provide details in Part VI.	<b>3a</b>		
<b>b</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.	<b>3b</b>		

**CORNERSTONE COMMUNITY DEVELOPMENT  
CORPORATION**

Schedule A (Form 990) 2021

94-3100741 Page 6

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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) 2021

**CORNERSTONE COMMUNITY DEVELOPMENT  
CORPORATION**

Schedule A (Form 990) 2021

94-3100741 Page 7

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021



**Schedule A**

**Identification of Excess Contributions  
Included on Part II, Line 5**

**2021**

**\*\* Do Not File \*\*  
\*\*\* Not Open to Public Inspection \*\*\***

Contributor's Name	Total Contributions	Excess Contributions
ALAMEDA HOMELESS NETWORK	540,500.	438,928.
SUNLIGHT GIVING FOUNDATION	490,000.	388,428.
EAST BAY COMMUNITY FOUNDATION	146,879.	45,307.
KAISER PERMANENTE EAST BAY AREA	125,000.	23,428.
WAYNE & GLADYS VALLEY FOUNDATION	125,000.	23,428.
WALTER & ELISE HAAS FUND	120,000.	18,428.
AMAZON	150,000.	48,428.
REBECCA CALDERWOOD (THE NELLIE MAY SMITH TURST)	120,000.	18,428.

Total Excess Contributions to Schedule A, Part II, Line 5 ..... **1,004,803.**

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).



Name of organization <b>CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION</b>	Employer identification number <b>94-3100741</b>
--	---

**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	\$ 140,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	WALTER & ELISE HAAS FUND ONE LOMBARD STREET. #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.)
3	SAINT LEANDER CATHOLIC CHURCH 474 W. ESTUDILLO AVENUE SAN LEANDRO, CA 94577	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	COLEMAN FAMILY FOUNDATION 250 LAFAYETTE CIRCLE, SUITE 100 LAFAYETTE, CA 94549	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	EVELYN & WALTER HAAS, JR. FUND 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.)
6	TJX FOUNDATION 3140 FOSTORIA WAY DANVILLE, CA 94526	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION</b>	Employer identification number <b>94-3100741</b>
--	---

**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	<u>BERGARD &amp; ALBA WITKINS FOUNDATION</u> <u>P.O. BOX 7190</u> <u>BERKELEY, CA 94707</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>KAISER PERMANENTE</u> <u>2401 MERCED STREET, #100</u> <u>SAN LEANDRO, CA 94577</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<u>FIDELITY CHARITABLE FUND</u> <u>P.O. BOX 770001</u> <u>CINCINNATI, OH 45277</u>	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<u>WAYNE &amp; GLADYS VALLEY FOUNDATION</u> <u>1939 HARRISON STREET, SUITE 510</u> <u>OAKLAND, CA 94612</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<u>SUNLIGHT GIVING FOUNDATION</u> <u>855 EL CAMINO REAL, BLDG 4, #250</u> <u>PALO ALTO, CA 94301</u>	\$ <u>115,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<u>PINPOINT FOUNDATION</u> <u>855 EL CAMINO REAL, BLDG 4, #250</u> <u>PALO ALTO, CA 94301</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION</b>	Employer identification number <b>94-3100741</b>
--	---

**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	STAR ONE CREDIT UNION P.O. BOX 3643 SUNNYVALE, CA 94088	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	EAST BAY COMMUNITY FOUNDATION 200 FRANK H. OGAWA PLAZA OAKLAND, CA 94612	\$ 45,014.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	ILLINOIS FOUNDATION PO BOX 900 ARTESIA, NM 88211	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	MICHAEL & NANCY PRETTO 775 BRIDGE ROAD SAN LEANDRO, CA 94577	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	NATHAN AND SANDRA BABBIT 2904 OTIS DRIVE ALAMEDA, CA 94501	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	WOMEN FOUNDATION 300 FRANK H. OGAWA PLAZA #420 OAKLAND, CA 94612	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION</b>	Employer identification number <b>94-3100741</b>
--	---

**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	REBECCA CALDENWOOD (THE NELLIE MAY SMITH TRUST) 1675 141ST AVENUE SAN LEANDRO, CA 94578	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	AMAZON 188 SPEAR STREET SAN FRANCISCO, CA 94105	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	AVALON BAY COMMUNITIES 2901 SABRE STEET, STE. #100 VIRGINIA BEACH, VA 23452	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	SAN FRANCISCO FOUNDATION ONE EMBARCADEROCENTER, STE. #1400 SAN FRANCISCO, CA 94111	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	STEPHEN WILCOX & MARGARET WILCOX TTEES 480 SAINT FRANCIS DRIVE DANVILLE, CA 94526	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	SUSAN J SCHONBERG & STANTON 12 OYSTER SHLS ALAMEDA, CA 94502	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION</b>	Employer identification number <b>94-3100741</b>
--	---

**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	RYAN B. MCKINLEY & CAMERON LOUISE HOLLAND  2925 MARINA DRIVE  ALAMEDA, CA 94501	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	C.D. SPANGLER FOUNDATION, INC.  P.O. BOX 36007  CHARLOTTE, NC 28236	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	CHILDREN'S SUPPORT LEAGUE OF THE EAST BAY  6114 LASALLE AVENUE PMB 187  OAKLAND, CA 94611	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	ELIC SUAZO, REALTOR CALBRE REF  3130 CALIFORNIA STREET  BERKELEY, CA 94703	\$ 10,000.	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.)

Name of organization <b>CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION</b>	Employer identification number <b>94-3100741</b>
--	---

**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**

**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)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2021



**CORNERSTONE COMMUNITY DEVELOPMENT**

Schedule D (Form 990) 2021

**CORPORATION**

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		224,069.	452,395.	-228,326.
c Leasehold improvements		766,131.	386,253.	379,878.
d Equipment		943,317.	46,724.	896,593.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  **1,134,545.**

Schedule D (Form 990) 2021

**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) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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) .....	
<b>Total.</b> (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) <b>ACCRUED VACATION</b>	<b>171,393.</b>
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>171,393.</b>

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) 2021

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	9,770,470.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	47,120.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	7,846.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	54,966.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	9,715,504.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	9,715,504.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	9,291,741.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	47,120.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	7,846.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	54,966.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	9,236,775.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	9,236,775.

**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 EXPENSES** 7,846.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**DIRECT FUNDRAISING EXPENSES** 7,846.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://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			
<b>Total</b>				▶		

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 CORPORATION**

**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 GALA (event type)	MISCELLANEOU S SPECIAL EV (event type)	NONE (total number)	
Revenue	1	Gross receipts	58,924.	1,531.	60,455.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	58,924.	1,531.	60,455.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	7,182.	664.	7,846.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			7,846.
	11	Net income summary. Subtract line 10 from line 3, column (d)			52,609.

**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 CORPORATION

- 11 Does the organization conduct gaming activities with nonmembers?
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?
13 Indicate the percentage of gaming activity conducted in:
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?
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?
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.

Multiple horizontal lines for providing supplemental information.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://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 Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement?	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization?	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization?	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2021



**CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EULA RACHELLE MARTIN FINANCE DIRECTOR	(i)	143,000.	0.	0.	35,700.	178,700.	0.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION**

94-3100741

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

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](http://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	X		37,201.	FMV (MOST ITEMS ARE
6	Cars and other vehicles	X		9,600.	BLUE BOOK VALUE
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 ▶ ( <b>DINNERS FOR H</b> )	X	365	141,246.	15,694 MEALS AT APPR
26	Other ▶ ( )				
27	Other ▶ ( )				
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 V, 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) 2021

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)**

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 Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**CORNERSTONE COMMUNITY DEVELOPMENT  
CORPORATION**

Employer identification number  
**94-3100741**

**FORM 990, ITEM C, DOING BUSINESS AS:**

**BUILDING FUTURES WITH WOMEN AND CHILDREN**

**FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:**

**TRANSPORTATION, SELF-ADVOCACY, AND CONNECTION TO MENTAL HEALTH  
SERVICES, BENEFITS, INCOME, AND HEALTH CARE. IN FY2020-21, BUILDING  
FUTURES' HOUSING PROGRAMS SERVED 1,125 PEOPLE (627 HOUSEHOLDS).**

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

**ALAMEDA AND SAN LEANDRO, PROVIDING OVERNIGHT SHELTER AND TWO MEALS.  
STREET OUTREACH PROGRAMS IN ALAMEDA, SAN LEANDRO, AND OAKLAND CONNECT  
PEOPLE IN NEED TO ONE A HOUSING RESOURCE CENTER, WHERE THEY ARE  
PROVIDED WITH HOUSING PROBLEM SOLVING, CRISIS ASSESSMENT, AND  
ENROLLMENT IN ONE OF BUILDING FUTURES' COORDINATED ENTRY SYSTEM ACCESS  
POINTS IN SAN LEANDRO, ALAMEDA, OR OAKLAND.**

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

**ALSO INCLUDE CONNECTION TO BUILDING FUTURES' DOMESTIC VIOLENCE  
COORDINATED ENTRY ACCESS POINT AND HOUSING PROGRAM. IN 2021-22, SISTER  
ME HOME DOMESTIC VIOLENCE SHELTER SERVED 71 WOMEN AND 61 CHILDREN. 154  
DOMESTIC VIOLENCE SURVIVORS PARTICIPATED IN SUPPORT GROUPS, AND OVER 50  
COMMUNITY MEMBERS WERE TRAINED AS DOMESTIC VIOLENCE COUNSELORS.**

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

**OTHER SERVICES:**

**BUILDING FUTURES SERVES AS FISCAL SPONSOR TO THE INTERFAITH HOMELESS**

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

Schedule O (Form 990) 2021

Name of the organization <b>CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION</b>	Employer identification number <b>94-3100741</b>
---	---

NETWORK/APRILSHOWERS. THE GROUP PROVIDES SERVICES TO PEOPLE EXPERIENCING HOMELESSNESS ON THE FIRST, THIRD AND FIFTH SUNDAY OF EACH MONTH. THE APRIL SHOWERS EVENT PROVIDES A WELCOMING SAFE PLACE TO RECEIVE SHOWERS, NEW UNDERWEAR AND SOCKS, A HOT LUNCH, COFFEE AND PASTRIES, CLOTHING, A BAG LUNCH AND BOTTLED WATER, HAIRCUTS, AND REFERRALS AND INFORMATION FOR HEALTH CARE, SOCIAL SERVICES, HOUSING, JOBS, AND TRANSPORTATION.

EXPENSES \$ 876,029. INCLUDING GRANTS OF \$ 0. REVENUE \$ 79,536.

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 GOVENANCE 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

Name of the organization CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Employer identification number 94-3100741

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 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.

<b>SCHEDULE R</b> (Form 990)	<b>Related Organizations and Unrelated Partnerships</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.	OMB No. 1545-0047 <b>2021</b> Open to Public Inspection
Department of the Treasury Internal Revenue Service		
Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.		
Name of the organization <b>CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION</b>	Employer identification number <b>94-3100741</b>	

<b>Part I Identification of Disregarded Entities.</b> 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	

<b>Part II Identification of Related Tax-Exempt Organizations.</b> 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 1840 FAIRWAY DRIVE SAN LEANDRO, CA 94577	TO PROVIDE FOOD, SHELTER AND SOCIAL SERVICES TO WOMEN & CHILDREN IN THE	CALIFORNIA	501(C)(3)	509(A)(2)			X



CORNERSTONE COMMUNITY DEVELOPMENT

**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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes No	(k) Percentage ownership
							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

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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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	56,160.	
(2)	BESSIE COLEMAN COURT, INC.	O	0.	
(3)				
(4)				
(5)				
(6)				

**CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION**

Schedule R (Form 990) 2021

**94-3100741**

Page 4

**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) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		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.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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.	150,106.		6,875.	156,981.
2	LAND	07/26/99	L				86,400.				86,400.	0.		0.	
3	SMH BUILDING IMPROVEMENTS	05/01/02	SL	30.00		16	1,582.				1,582.	1,033.		53.	1,086.
4	SMH BUILDING IMPROVEMENTS	05/16/02	SL	30.00		16	2,850.				2,850.	1,853.		95.	1,948.
5	SMH BUILDING IMPROVEMENTS	02/14/00	SL	30.00		16	50,000.				50,000.	35,840.		1,667.	37,507.
6	SMH BUILDING IMPROVEMENTS	02/14/00	SL	30.00		16	50,000.				50,000.	35,840.		1,667.	37,507.
7	FENCE	06/24/03	SL	30.00		16	1,225.				1,225.	758.		41.	799.
8	IMPROVEMENT - INSTALL CLEANOUT	03/27/03	SL	30.00		16	1,203.				1,203.	740.		40.	780.
9	IMPROVEMENT - SEWER	05/01/03	SL	30.00		16	3,989.				3,989.	2,460.		133.	2,593.
10	FINANCING CHARGES	07/26/99	SL	30.00		16	17,819.				17,819.	13,068.		594.	13,662.
11	SEWER IMPROVEMENT	10/30/03	SL	30.00		16	9,475.				9,475.	5,688.		316.	6,004.
12	LEASEHOLD IMPROVEMENTS -SLS	11/01/05	SL	30.00		16	536,465.				536,465.	317,052.		17,882.	334,934.
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.	143,215.		18,413.	161,628.
15	LEASEHOLD IMPROVEMENTS - SLS	11/08/12	SL	10.00		16	3,440.				3,440.	2,924.		344.	3,268.
16	LEASEHOLD IMPROVEMENT - MIDWAY	11/27/13	SL	5.00		16	5,500.				5,500.	5,500.		0.	5,500.
17	LEASEHOLD IMPROVEMENT - MIDWAY	12/31/13	SL	5.00		16	25,000.				25,000.	25,000.		0.	25,000.
18	BLDG IMPROVEMENTS - RENOVATION	07/12/13	SL	30.00		16	106,819.				106,819.	28,339.		3,561.	31,900.

128111 04-01-21

(D) - Asset disposed

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

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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	VEHICLE - CHEVY VAN	07/01/12	SL	5.00		16	22,500.				22,500.	22,500.		0.	22,500.	
20	LEASEHOLD IMPROVEMENTS - MIDWAY	06/30/18	SL	30.00	MO	16	193,482.				193,482.	8,754.		6,449.	15,203.	
21	LEASEHOLD IMPROVEMENT - MIDWAY	06/30/19	SL	30.00	MO	16	8,975.				8,975.	2,049.		299.	2,348.	
22	VEHICLE	04/01/21	SL	5.00	MO	16	23,845.				23,845.	1,192.		4,769.	5,961.	
23	VEHICLE	05/12/22	SL	5.00		16	35,000.				35,000.	763.		763.	763.	
	* TOTAL 990 PAGE 10 DEPR						1,961,712.				1,961,712.	821,411.		63,961.	885,372.	
	CURRENT YEAR ACTIVITY															
	BEGINNING BALANCE						1,926,712.			0.	1,926,712.	821,411.			884,609.	
	ACQUISITIONS						35,000.			0.	35,000.	0.			763.	
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.	
	ENDING BALANCE						1,961,712.			0.	1,961,712.	821,411.			885,372.	
	ENDING ACCUM DEPR										885,372.					
	ENDING BOOK VALUE										1,076,340.					

2021

# California Exempt Organization Annual Information Return

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) 07/01/2021, and ending (mm/dd/yyyy) 06/30/2022

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 DRIVE**

PMB no.

City  
**SAN LEANDRO**

State  
**CA**

ZIP code  
**94577**

Foreign country name

Foreign province/state/county

Foreign postal code

**A** First return  Yes  No

**B** Amended return  Yes  No

**C** IRC Section 4947(a)(1) trust  Yes  No

**D** Final information return?  
 Dissolved  Surrendered (Withdrawn)  Merged/Reorganized  
 Enter date: (mm/dd/yyyy)

**E** Check accounting method: (1)  Cash (2)  Accrual (3)  Other

**F** Federal return filed? (1)  990T (2)  990PF (3)  Sch H (990) (4)  Other 990 series

**G** Is this a group filing? See instructions  Yes  No

**H** Is this organization in a group exemption  Yes  No  
If "Yes," what is the parent's name?

**I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions  Yes  No

**J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions.  Yes  No

**K** Is the organization exempt under R&TC Section 23701g?  Yes  No  
If "Yes," enter the gross receipts from nonmember sources \$

**L** Is the organization a limited liability company?  Yes  No

**M** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

**N** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**O** Is federal Form 1023/1024 pending?  Yes  No  
Date filed with IRS

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	8,432,467	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	1,290,883	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	9,723,350	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6		00
	7	Total costs. Add line 5 and line 6	7		00
	8	Total gross income. Subtract line 7 from line 4	8	9,723,350	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	9,244,621	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	478,729	00
Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer **TAXPAYER'S COPY** Title **EXECUTIVE DIRE** Date \_\_\_\_\_ Telephone **925-357-0205**

Preparer's signature *Patricia A. Wintroath* Date **05/10/23** Check if self-employed  PTIN **P00430440**

**Paid Preparer's Use Only**

Firm's name (or yours, if self-employed) and address **PATRICIA A. WINTROATH, CPA**  
**2121 N. CALIFORNIA BLVD., SUITE 290**  
**WALNUT CREEK, CA 94596** Telephone **925-974-3310**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION**

94-3100741

128951 01-19-22

**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.**

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1	60,455	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 <b>SEE STATEMENT 2</b>	•	7	8,372,012	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	8,432,467	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 <b>SEE STATEMENT 3</b>	•	11	150,000	00	
	12	Other salaries and wages	•	12	3,363,709	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13	2,022	00
		14	Taxes	•	14	287,632	00
		15	Rents	•	15	399,319	00
		16	Depreciation and depletion (See instructions)	•	16	63,961	00
		17	Other expenses and disbursements <b>SEE STATEMENT 4</b>	•	17	4,977,978	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	9,244,621	00

<b>Schedule L Balance Sheet</b>		<b>Beginning of taxable year</b>		<b>End of taxable year</b>	
	(a)	(b)	(c)	(d)	
<b>Assets</b>					
1 Cash		808,908		•	1,097,370
2 Net accounts receivable		3,770		•	
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	1,840,312		1,933,517		
b Less accumulated depreciation	( 821,411 )	1,018,901	( 885,372 )		1,048,145
11 Land		86,400		•	86,400
12 Other assets <b>STMT 5</b>		1,561,223		•	1,943,195
13 <b>Total assets</b>		3,479,202			4,175,110
<b>Liabilities and net worth</b>					
14 Accounts payable		278,446		•	296,247
15 Contributions, gifts, or grants payable				•	
16 Bonds and notes payable				•	
17 Mortgages payable		446,782		•	588,089
18 Other liabilities <b>STMT 6</b>		274,117			332,188
19 Capital stock or principal fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund		2,479,857		•	2,958,586
22 <b>Total liabilities and net worth</b>		3,479,202			4,175,110

<b>Schedule M-1 Reconciliation of income per books with income per return</b>		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	•	478,729	7 Income recorded on books this year not included in this return. Attach schedule	•
2 Federal income tax	•		8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	•		10 Net income per return. Subtract line 9 from line 6	478,729
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•			
6 Total. Add line 1 through line 5		478,729		



CA 199 CASH CONTRIBUTIONS STATEMENT 1  
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ALAMEDA HOMELESS NETWORK	921 BROADWAY ALAMEDA, CA 94501		140,000.
WALTER & ELISE HAAS FUND	ONE LOMBARD STREET. #305 SAN FRANCISCO, CA 94111		30,000.
SAINT LEANDER CATHOLIC CHURCH	474 W. ESTUDILLO AVENUE SAN LEANDRO, CA 94577		15,000.
COLEMAN FAMILY FOUNDATION	250 LAFAYETTE CIRCLE, SUITE 100 LAFAYETTE, CA 94549		8,000.
EVELYN & WALTER HAAS, JR. FUND	114 SANSOME ST., #600 SAN FRANCISCO, CA 94105		10,000.
TJX FOUNDATION	3140 FOSTORIA WAY DANVILLE, CA 94526		25,000.
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.
FIDELITY CHARITABLE FUND	P.O. BOX 770001 CINCINNATI, OH 45277		30,000.
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		115,000.
PINPOINT FOUNDATION	855 EL CAMINO REAL, BLDG 4, #250 PALO ALTO, CA 94301		20,000.
STAR ONE CREDIT UNION	P.O. BOX 3643 SUNNYVALE, CA 94088		5,000.
EAST BAY COMMUNITY FOUNDATION	200 FRANK H. OGAWA PLAZA OAKLAND, CA 94612		45,014.
ILLINOIS FOUNDATION	PO BOX 900 ARTESIA, NM 88211		30,000.
MICHAEL & NANCY PRETTO	775 BRIDGE ROAD SAN LEANDRO, CA 94577		5,000.

## CORNERSTONE COMMUNITY DEVELOPMENT CORPOR

94-3100741

NATHAN AND SANDRA BABBIT	2904 OTIS DRIVE ALAMEDA, CA 94501	5,000.
WOMEN FOUNDATION	300 FRANK H. OGAWA PLAZA #420 OAKLAND, CA 94612	12,000.
REBECCA CALDENWOOD (THE NELLIE MAY SMITH TRUST)	1675 141ST AVENUE SAN LEANDRO, CA 94578	120,000.
AMAZON	188 SPEAR STREET SAN FRANCISCO, CA 94105	50,000.
AVALON BAY COMMUNITIES	2901 SABRE STEET, STE. #100 VIRGINIA BEACH, VA 23452	5,000.
SAN FRANCISCO FOUNDATION	ONE EMBARCADEROCENTER, STE. #1400 SAN FRANCISCO, CA 94111	7,500.
STEPHEN WILCOX & MARGARET WILCOX TTEES	480 SAINT FRANCIS DRIVE DANVILLE, CA 94526	5,000.
SUSAN J SCHONBERG & STANTON	12 OYSTER SHLS ALAMEDA, CA 94502	6,000.
RYAN B. MCKINLEY & CAMERON LOUISE HOLLAND	2925 MARINA DRIVE ALAMEDA, CA 94501	5,000.
C.D. SPANGLER FOUNDATION, INC.	P.O. BOX 36007 CHARLOTTE, NC 28236	25,000.
CHILDREN'S SUPPORT LEAGUE OF THE EAST BAY	6114 LASALLE AVENUE PMB 187 OAKLAND, CA 94611	6,000.
ELIC SUAZO, REALTOR CALBRE REF	3130 CALIFORNIA STREET BERKELEY, CA 94703	10,000.
TOTAL INCLUDED ON LINE 3		<u>819,514.</u>

CA 199

OTHER INCOME

STATEMENT 2

## DESCRIPTION

AMOUNT

GOVERNMENT CONTRACTS	8,263,766.
OTHER PROGRAM REVENUE	61,382.
FORGIVENESS OF DEBT	24,873.
IHN REVENUE	21,991.
TOTAL TO FORM 199, PART II, LINE 7	<u>8,372,012.</u>

---



---

CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT                    3

---

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
EULA RACHELLE MARTIN 1840 FAIRWAY DRIVE SAN LEANDRO, CA 94577	FINANCE DIRECTOR 40.00	0.
ELIZABETH VARELA 1840 FAIRWAY DRIVE SAN LEANDRO, CA 94577	EXECUTIVE DIRECTOR 40.00	150,000.
SABRINA THOMAS 1840 FAIRWAY DRIVE SAN LEANDRO, CA 94577	EMERGENCY SERVICES PROGRAM 40.00	0.
GAYLE THOMAS 1840 FAIRWAY DRIVE SAN LEANDRO, CA 94577	SECRETARY 2.00	0.
DENI ADANIYA 1840 FAIRWAY DRIVE SAN LEANDRO, CA 94577	VICE PRESIDENT 2.00	0.
CRISTI RITSCHER 1840 FAIRWAY DRIVE SAN LEANDRO, CA 94577	DIRECTOR 2.00	0.
CARLA DARTIS 1840 FAIRWAY DRIVE SAN LEANDRO, CA 94577	DIRECTOR 2.00	0.
SANDY SCHNIEDER 1840 FAIRWAY DRIVE SAN LEANDRO, CA 94577	TREASURER 2.00	0.
ROB RICH 1840 FAIRWAY DRIVE SAN LEANDRO, CA 94577	PRESIDENT 2.00	0.
JEAN HOM 1840 FAIRWAY DRIVE SAN LEANDRO, CA 94577	DIRECTOR 2.00	0.
PAUL CARNEY 1840 FAIRWAY DRIVE SAN LEANDRO, CA 94577	DIRECTOR 2.00	0.

## CORNERSTONE COMMUNITY DEVELOPMENT CORPOR

94-3100741

INGRID JONSSON	DIRECTOR	0.
1840 FAIRWAY DRIVE	2.00	
SAN LEANDRO, CA 94577		

JOLENE WRIGHT	DIRECTOR	0.
1840 FAIRWAY DRIVE	2.00	
SAN LEANDRO, CA 94577		

TOTAL TO FORM 199, PART II, LINE 11		150,000.
-------------------------------------	--	----------

CA 199	OTHER EXPENSES	STATEMENT	4
--------	----------------	-----------	---

DESCRIPTION	AMOUNT
DIRECT CLIENT ASSISTANC	3,058,756.
DONATED GOODS	188,047.
SUPPLIES & FOOD	178,808.
PROJECT CONSTRUCTION	176,730.
DIRECT EXPENSES OF FUNDRAISING EVENTS	7,846.
OTHER EMPLOYEE BENEFITS	407,765.
LEGAL FEES	5,764.
ACCOUNTING FEES	53,699.
OTHER PROFESSIONAL FEES	395,830.
TRAVEL	19,722.
INSURANCE	70,258.
ALL OTHER EXPENSES	414,753.
TOTAL TO FORM 199, PART II, LINE 17	4,977,978.

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

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	1,508,979.	1,879,356.
PREPAID EXPENSES AND DEFERRED CHARGES	29,990.	16,455.
DEPOSITS	22,254.	47,384.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	1,561,223.	1,943,195.

---



---

CA 199	OTHER LIABILITIES	STATEMENT	6
--------	-------------------	-----------	---

---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCRUED VACATION	153,320.	171,393.
DEFERRED REVENUE	120,797.	160,795.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	274,117.	332,188.

---



---



---



---

CA 199	FUND BALANCES	STATEMENT	7
--------	---------------	-----------	---

---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	2,479,857.	2,958,586.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	2,479,857.	2,958,586.

---



---

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

Table with 5 rows for election details and 13 columns for calculations. Includes lines 1-13 for maximum deduction, cost, and carryover.

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

Table with 8 columns: (a) Description of property, (b) Date acquired, (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. Includes line 15 total.

Part III Summary

Summary table with 3 rows (16-18) for total depreciation and adjustments.

Part IV Amortization

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Cost or other basis, (d) Amortization allowed or allowable in earlier years, (e) R&TC Section, (f) Period or percentage, (g) Amortization for this year. Includes lines 20-22.

CA 3885 DEPRECIATION STATEMENT 8

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 BUILDING	07/26/99	206,250.	150,106.	SL	30.00	6,875.	
2 LAND	07/26/99	86,400.		L		0.	
3 SMH BUILDING IMPROVEMENTS	05/01/02	1,582.	1,033.	SL	30.00	53.	
4 SMH BUILDING IMPROVEMENTS	05/16/02	2,850.	1,853.	SL	30.00	95.	
5 SMH BUILDING IMPROVEMENTS	02/14/00	50,000.	35,840.	SL	30.00	1,667.	
6 SMH BUILDING IMPROVEMENTS	02/14/00	50,000.	35,840.	SL	30.00	1,667.	
7 FENCE	06/24/03	1,225.	758.	SL	30.00	41.	
8 IMPROVEMENT - INSTALL CLEANOUT	03/27/03	1,203.	740.	SL	30.00	40.	
9 IMPROVEMENT - SEWER	05/01/03	3,989.	2,460.	SL	30.00	133.	
10 FINANCING CHARGES	07/26/99	17,819.	13,068.	SL	30.00	594.	
11 SEWER IMPROVEMENT	10/30/03	9,475.	5,688.	SL	30.00	316.	
12 LEASEHOLD IMPROVEMENTS - SLS	11/01/05	536,465.	317,052.	SL	30.00	17,882.	
13 VEHICLE	10/09/09	17,500.	17,500.	SL	5.00	0.	
14 SMH BUILDING IMPROVEMENTS	06/30/13	552,393.	143,215.	SL	30.00	18,413.	
15 LEASEHOLD IMPROVEMENTS - SLS	11/08/12	3,440.	2,924.	SL	10.00	344.	
16 LEASEHOLD IMPROVEMENT - MIDWAY	11/27/13	5,500.	5,500.	SL	5.00	0.	
17 LEASEHOLD IMPROVEMENT - MIDWAY	12/31/13	25,000.	25,000.	SL	5.00	0.	
18 BLDG IMPROVEMENTS - RENOVATION	07/12/13	106,819.	28,339.	SL	30.00	3,561.	
19 VEHICLE - CHEVY VAN	07/01/12	22,500.	22,500.	SL	5.00	0.	
20 LEASEHOLD IMPROVEMENTS - MIDWAY	06/30/18	193,482.	8,754.	SL	30.00	6,449.	
21 LEASEHOLD IMPROVEMENT - MIDWAY	06/30/19	8,975.	2,049.	SL	30.00	299.	
22 VEHICLE	04/01/21	23,845.	1,192.	SL	5.00	4,769.	
23 VEHICLE	05/12/22	35,000.		SL	5.00	763.	
TOTAL TO FORM 3885		1,961,712.	821,411.			63,961.	

TAXABLE YEAR  
**2021**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name <b>CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION</b>	Identifying number <b>94-3100741</b>
--	---

**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	<b>9,723,350</b>
2 Total gross income (Form 199, line 8)	2	<b>9,723,350</b>
3 Total expenses and disbursements (Form 199, line 9)	3	<b>9,244,621</b>

**Part II Settle Your Account Electronically for Taxable Year 2021**

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
--	-----------	---------------------------------

**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 2021 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, 2021 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.

<b>ERO Must Sign</b>	ERO's signature <i>Patricia A. Wintroath</i>	Date <b>5/10/23</b>	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 <b>PATRICIA A. WINTROATH 2121 N. CALIFORNIA BLVD., SUITE 290 WALNUT CREEK, CA</b>				Firm's FEIN <b>94596</b>

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.

<b>Paid Preparer Must Sign</b>	Paid preparer's signature <i>Patricia A. Wintroath</i>	Date <b>5/10/23</b>	Check if self-employed <input checked="" type="checkbox"/>	Paid preparer's PTIN <b>P00430440</b>
	Firm's name (or yours if self-employed) and address <b>PATRICIA A. WINTROATH, CPA 2121 N. CALIFORNIA BLVD., SUITE 290 WALNUT CREEK, CA</b>			Firm's FEIN <b>94596</b>



MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400

WEBSITE ADDRESS:  
www.oag.ca.gov/charities

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 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.

Check if:

- Change of address  
 Amended report

**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 DRIVE**

Address (Number and Street)

**SAN LEANDRO, CA 94577**

City or Town, State, and ZIP Code

**(510) 357-0205**

Telephone Number

E-mail Address

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

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 07/01/2021 ending 06/30/2022) list:

Total Revenue (including noncash contributions) \$ 9,715,504 Noncash Contributions \$ 188,047 Total Assets \$ 4,175,110  
Program Expenses \$ 8,336,808 Total Expenses \$ 9,236,775

**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?	SEE STATEMENT 9	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.

**TAXPAYER'S COPY**

**ELIZABETH VARELA**

**EXECUTIVE DIRECTOR**

Signature of Authorized Agent

Printed Name

Title

Date

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING  
PART B, LINE 5

STATEMENT 9

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

MARICELA RAMIREZ  
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

CATHERINE CASIMERE  
ALAMEDA COUNTY SOCIAL SERVICES AGENCY, CONTRACTS OFFICE  
2000 SAN PABLO AVE., 4TH FL  
OAKLAND, CA 94612-1307  
510-267-8608

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

SHERRY ALMANDSMITH  
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

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

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

COLLEEN BUDENHOLZER  
ALAMEDA COUNTY CARE CONNECT  
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
1900 EMARCADERO, SUITE 206  
OAKLAND, CA 94606  
510-407-1426

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

CHRISTINE LOVE  
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

LOIS BUTLER  
CITY OF ALAMEDA  
950 WEST MALL SQUARE, 2ND FLOOR  
ALAMEDA, CA 94501  
510-747-6894

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

COLEEN BUDENHOLZER  
ALAMEDA COUNTY CARE CONNECT  
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
1900 EMBARCADERO, SUITE 206  
OAKLAND, CA 94608  
WWW.ACCARECONNECT.ORG

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

JEANNETTE RODRIGUEZ  
ALAMEDA COUNTY CARE CONNECT  
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
1900 EMBARCADERO, SUITE 206  
OAKLAND, CA 94608  
WWW.CALAIM.ORG

PONNIE HILL  
ALAMEDA COUNTY CARE CONNECT  
ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY  
1900 EMBARCADERO, SUITE 206  
OAKLAND, CA 94608  
WWW.ACCARECONNECT.ORG

KELLY RUSH  
CITY OF OAKLAND COMMUNITY HOUSING SERVICES DIVISION

150 FRANK H. OGAWA PLAZA, SUITE 4340  
OAKLAND, CA 94612  
510-238-6180

LEIGH ANN BRENNEKE  
SATELLITE AFFORDABLE HOUSING ASSOCIATES  
1835 ALCATRAZ AVE.  
BERKELEY, CA 94703  
415-515-5997

HONGHUI (LAURA) LUO  
ALAMEDA COUNTY SOCIAL SERVICES AGENCY, CONTRACTS OFFICE  
1111 JACKSON ST., STE. 103  
OAKLAND, CA 94612  
510-267-8608

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

ANDREA DODGE  
ALAMEDA COUNTY HOUSING COMMUNITY SUPPORTS  
1900 EMBARCADERO, SUITE 206  
OAKLAND, CA 94606  
WWW.CALAIM.ORG

WALKER TOMA  
CITY OF ALAMEDA  
COMMUNITY DEVELOPMENT DEPT.  
950 WEST MALL SQUARE  
ALAMEDA, CA 94501