EXTENDED TO NOVEMBER 15, 2018 Return of Organization Exempt From In	(12/20 000)	Return of Organia	zati	on Evemn	t Fre	n In
	13. 5 (5)	EXTENDED	то	NOVEMBER	15,	2018

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2017
Open to Public Inspection

2949334220402

Inter	nal Revenu	ue Service	► Go to www.irs.g	ov/Form990 for instructions an	ions and the latest information. Inspection						
A For the 2017 calendar year, or tax year beginning and ending											
В	Check if ipplicable		forganization			D Employer identific	ation number 89138				
	Address change	CORIV	ERSTONES OF CARE	FOUNDATION							
X	Name change	Doing bi	usiness as			$\boxed{}$	523792				
	Initial return	Number	and street (or P 0. box if mail is not	delivered to street address)	Room/suit	e E Telephone number					
	Final return/	300	EAST 36TH STREET			816-5	508-1718				
	termin- ated	City or to	own, state or province, country, a	nd ZIP or foreign postal code		G Gross receipts \$	6,497,442.				
, ⊑	Amende	KANS	AS CITY, MO 6411	.1		H(a) Is this a group re	turn				
<u>'</u>	Applica- tion pending		nd address of principal officer $\overline{ ext{ER}}$ $\overline{ ext{AS}}$ $\overline{ ext{C}}$ $\overline{ ext{ABOVE}}$	IC GIOVANNI		for subordinates					
>			X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1)	or	H(b) Are all subordinates in					
1	Mobouto	mpistatus ∟ ► WWW	CORNERSTONESOFCAR		01	H(e) Group exemption	ist (see instructions)				
			X Corporation Trust	Association Other	I Vos		State of legal domicile: MO				
		Summary		7.556618.1617	L 160	il di lormation 1992 [W	State of legal doffficile 140				
		-	e the organization's mission or mo	et significant activities CORN	ERSTO	NES OF CARE I	TOUNDATTON				
Activities & Governance	' រី	VAS FOR	MED TO CONDUCT AN	ID SUPPORT ACTIVI	TIES	FOR THE BENE	TT OF				
nar			x I if the organization dis								
Ver			ting members of the governing bo	•	25EG 01 1110	3	10				
යි			lependent voting members of the	• •		4	10				
త ഗ			of individuals employed in calenda			5	0				
it E			of volunteers (estimate if necessal			6					
Ę.			d business revenue from Part VIII,			7a	0.				
ĕ	, a i	let uprelated	business revenue from Fait Viii,	em 990.T lipoed is 0		7b	0.				
_	 	et differated	business taxable income from Formand grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3	WENT OF		Prior Year	Current Year				
	8 0	`ontributions	and grapts (Part VIII June 1h)	RECE: 18	\ ⊢	233,205.	31,256.				
Revenue	9 P	on ithoutions	co royanus (Part VIII, line 3a)	19 5010 18	<i>}</i> \ ⊢	0.	0.				
Ş	10 1	rogram servi	ce revenue (Part VIII, illie 2g)	Something Is	\ -	84,704.	399,270.				
æ	10 Ir	ivestment ind	Come (Part VIII, column (A), lines 3	Rand Way	- ^ ⊢	04,704.	0.				
	11 0	лпеr revenue	e (Part VIII, column (A), lines 5, 6d,		-	317,909.	430,526.				
_			· add lines 8 through 11 (must equality amounts paid (Dart IX, salum	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		567,336.	436,956.				
	I		milar amounts paid (Part IX, colum to or for members (Part IX, columr		<u> </u>	0.	0.				
	l		r compensation, employee benefit	• • • •	<u> </u>	0.	0.				
Expenses	l				-	0.					
Sen			undraising fees (Part IX, column (A	•	o. -	•					
, X	1		ng expenses (Part IX, column (D),		Ŭ•	22,641.	34,381.				
			es (Part IX, column (A), lines 11a·1 s Add lines 13·17 (must equal Pa	•	-	589,977.	471,337.				
		•	· · ·	• • • • • • • • • • • • • • • • • • • •	-	<272,068.					
) <u></u>	19 R	revenue less	expenses Subtract line 18 from lii	ie 12							
Net Assets or Fund Balances	00 -	'atal assets "	Part X, line 16)		<u> </u>	Beginning of Current Year 10,749,297.	End of Year 11,754,628.				
SSE	20 T	•	,		-	37,817.	29,046.				
in the	21 T		(Part X, line 26)			10,711,480.	11,725,582.				
뜐	22 N rt		fund balances_Subtract line 21 fro	om line 20		10,/11,400.	11,723,302.				
			declare that I have examined this retu	re unaluding accompanying cahadula	as and state	manta, and to the heat of my	kasuladas and bakat it is				
	-		Declaration of preparer (other than of			· · · · · · · · · · · · · · · · · · ·	knowledge and beller, it is				
uue,	Correct,		Control of preparer (other than on	icer) is based on all information of w	ilicii prepari	er nas any knowledge					
_			e of officer			Date Date	./8				
Sıgı		,		DED /CEO		Duto					
Here ERIC GIOVANNI, TREASURER/CFO Type or print name and title											
		<u> </u>				Date, Check	TI PTIN				
	1	Print/Type prep		Preparer's elonature		11/12/18 Check If	- √				
Paid	<u> </u>	TEVE J		Max 4pm		Zen-employed					
		Firm's name	RSM US LLP			Firm's EIN	42-0714325				
Use	Only	Firm's address	▶ 4801 MAIN STREE								
			KANSAS CITY, MO			Phone no 81 6	5-753-3000				
May	the IRS	S discuss this	s return with the preparer shown a	bove? (see instructions)			X Yes No				
7320	01 11-28-	·17 LHA F	or Paperwork Reduction Act No	tice, see the separate instructi	ions.		Form 990 (2017)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2017) CORNERSTONES OF CARE FOUNDATION	43-162	<u> 3792</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments			
•	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission CORNERSTONES OF CARE FOUNDATION WAS FORMED TO CONDUCT	AND SUPP	ORT	
	ACTIVITIES FOR THE BENEFIT OF CORNERSTONES OF CARE.			
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
	If "Yes," describe these new services on Schedule O	_		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s [,]	L Yes	LAL NO
4	If "Yes," describe these changes on Schedule O	as measured by	, evnence	•
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o			
	revenue, if any, for each program service reported	thers, the total t	жрепосо,	ario
4a	(Code) (Expenses \$ 436,956 • including grants of \$ 436,956 •) (Ret	venue \$)
-	THE FOUNDATION SUPPORTS THE ACTIVITIES OF CORNERSTONES	OF CARE	, A	
	501(C)(3) ORGANIZATION.			
			<u> </u>	
41				
4b	(Code) (Expenses \$) (Ref	venue \$		<i>'</i>
				
		-		
				· -
4c	(Code) (Expenses \$ including grants of \$) (Ref	venue \$)
				
				
			•	
4d	Other program services (Describe in Schedule O)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 436,956.			
			Form 9	990 (2017)

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Form 991	0 <i>(2</i> 017)

CORNERSTONES OF CARE FOUNDATION

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Part V Checklist of Required Schedules

•				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	v	
	If "Yes," complete Schedule A	1	X	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		Х
	public office? If "Yes," complete Schedule C, Part I	3		 ,
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
_	during the tax year? If "Yes," complete Schedule C, Part II		_	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		J.	
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			HEZALI
a	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	_	_X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d	7.7	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		7.7	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	400	v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	140		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			4,7
	complete Schedule G, Part III		000	X (2017)
		- orm	2911	シロエフト

Form 990 (2017) CORNERSTONES OF CA
Part IV: Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 12 If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			-
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		-	-
Ŭ	any tax-exempt bonds?	24c		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
LUU	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			:
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-39 If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		1				
b	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable 1b 0	1					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х			
b	if "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			ŀ			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
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)						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	L			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		1				
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b	ļ	<u></u>			
7	Organizations that may receive deductible contributions under section 170(c).			<u>x</u>			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		x			
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	\ \frac{1}{2}					
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-			
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter						
	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-	<u> </u>	<u> </u>			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O						
а	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 Enter the amount of reserves on hand 13b						
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
	11 100, has it most a form the to report these payments. It is a provide an explanation in concession	لخنن					

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 in 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 10 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 10 1h b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? 8b X b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Х 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? 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 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 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 X Upon request Another's website Own website Describe in 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 State the name, address, and telephone number of the person who possesses the organization's books and records MICHAEL F KERR CPA - 816-508-1718

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300 E 36TH STREET, KANSAS CITY, MO

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CORNERSTONES OF CARE FOUNDATION

43-1623792

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 instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099 MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Name and Title		1			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unte	ss pe				compensation	compensation from related	amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DOUG BLACK	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(2) SEAN MILLER	2.00									0
BOARD MEMBER		Х						0.	0.	0.
(3) PHIL FRERKER	2.00		;							0
BOARD MEMBER/CHAIR		Х		Х				0.	0.	0.
(4) DAVID BELPEDIO	2.00							_		0
BOARD MEMBER		Х				_		0.	0.	0.
(5) LAURISA JACKSON	2.00	٠,,						0.	0.	0.
BOARD MEMBER	2.00	Х	_			<u> </u>		0.	<u></u>	- 0.
(6) STEVE LAWRENCE	2.00	x						0.	0.	0.
BOARD MEMBER (7) ANDREW MULLER	2.00	^	-			-		0.		0.
BOARD MEMBER	2.00	X						0.	0.	0.
(8) JOHNNY ORINDGREFF	2.00	-				\vdash		-		
BOARD MEMBER		x	•					0.	0.	0.
(9) JOE PRIBULA	2.00		-		_	_				
BOARD MEMBER		x						0.	0.	0.
(10) MIKE SLATTERY	2.00					П				
BOARD MEMBER	•	Х						0.	0.	0.
(11) ERIC GIOVANNI	2.00									
TREASURER/CHIEF FINANCIAL OFFICER	43.00	1		Х				0.	136,919.	11,917.
(12) RYAN DOWIS	0.00									
SECRETARY/CHIEF OPERATING OFFICER	45.00			X				0.	147,267.	3,084.
(13) DENISE CROSS	1.00							_		_
PRESIDENT/CHIEF EXECUTIVE OFFICER	44.00			Х				0.	178,931.	15,576.
(14) ROB WHITTEN	1.00							_		
CHIEF CULTURE OFFICER	44.00		L			Х		0.	102,401.	17,058.
(15) STEPHEN O'NEILL	0.00	ŀ								10 00:
CHIEF PROGRAM OFFICER	45.00	<u> </u>	L_			Х		0.	100,116.	12,994.
(16) LYNN LEMKE	0.00								120 002	22 253
CHIEF HEALTHCARE INTEGRATION OFFICER	45.00	<u> </u>	ļ .			Х		0.	139,883.	22,053.

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tours per well and the well and		(A)	(B)		1							İ	(F)		
Double Sub-total		Name and title	_ ~	(da	(do not check more than or box, unless person is both:				one	Reportable	Reportable	ə	Es	stimate	∌d
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and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 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) (B) (C) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than													3		<u> </u>
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rendered to the organization? If "Yes," complete Schedule J for such person 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) (B) (C) Name and business address NONE Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	_												4		<u> </u>
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) (B) (C) Compensation NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than	5	* *							eiat	ed organization or indiv	idual for services	3			Y
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) (B) (C) Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than	Sect		piete Scriedais	301	<i>OI</i> 30	JCH ,	pers	SOIT							
the organization Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than		·			ande	nt c	ontr	racto	ore t	hat received more than	\$100,000 of cor	mnens	ation f	rom	
(A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than	•											препа	ationi	10111	
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than						· · · · ·					,		((>)	
^			address	NO	NC	3					ervices	C			n
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	2		=	ot lu	mite	d to		_	sted	l above) who received n	nore than				

CORNERSTONES OF CARE FOUNDATION

		Check if Schedule O cont	tains a response	or note to any lir	ne in this Part VIII			
Ì	-	Officer in deflectable of confi	ans a response v	or note to uny in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s, Grants Amounts	1 a	Federated campaigns	1a					
E P	b	Membership dues	1b					
Am, (С	: Fundraising events	1c					
a g	d	Related organizations	1d					
Š, Ē	е	Government grants (contribut	tions) 1e					
t i	f	All other contributions, gifts, gran	its, and					
호		sımılar amounts not ıncluded abo	ve 1f	31,256.				
dat	g	Noncash contributions included in lines	s 1a-1f \$,	, , , , , , , , , , , , , , , ,
<u>8</u> €	h	Total. Add lines 1a 1f		▶	31,256.	4 15 1 5 10 1	, (, u, ,,,,,,	
				Business Code				
9	2 a	·						
Other Revenue Contributions, Gifts, Grants Revenue and Other Similar Amounts	b							
	С	·						
	d	·	<u>-</u>					
	е							
<u> </u>	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)		>	228,916.			228,916.
	4	Income from investment of ta	x-exempt bond p	roceeds >				
	5	Royalties		<u> </u>				
			(ı) Real	(II) Personal				
	6 a	Gross rents				i		,
	b	Less rental expenses					, e	į
	С	Rental income or (loss)				**************************************	<u> </u>	
	d	Net rerital income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(II) Other			٠,	
		assets other than inventory	6,237,270.					į
	b	Less cost or other basis			•			
		and sales expenses	6,066,916.					
	С	Gain or (loss)	170,354.					
	d	Net gain or (loss)			170,354.	<u>.</u>		170,354.
<u>e</u>	8 a	Gross income from fundraisin	g events (not					
en l		ıncluding \$	of					
ě		contributions reported on line	:1c) See					
er F		Part IV, line 18	а					1
Æ	b	Less direct expenses	b		mort and amount or the name of			<u> </u>
١	С	Net income or (loss) from tune	draising events					
	9 a	Gross income from gaming ad	ctivities See					
		Part IV, line 19	a					
	b	Less direct expenses	b	·				
	c	Net income or (loss) from gam	ning activities	>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	a					
ł	b	Less cost of goods sold	b					
L	С	Net income or (loss) from sale	s of inventory	> _				
[Miscellaneous Revenu	ie	Business Code			4	1
ſ	11 a							
1	b							
	С							
	d	All other revenue						
	e	Total. Add lines 11a-11d	-	<u> </u>				
	12	Total revenue. See instructions		.	430 526.	0.	0.	399 270.

Form 990 (2017) CORNERSTONES
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	
D-	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	426 056	426.056	• .	•
	and domestic governments. See Part IV, line 21	436,956.	436,956.		
2	Grants and other assistance to domestic			'	ر ا
	individuals See Part IV, line 22			- ·	
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			•	
4	Benefits paid to or for members			·	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified			ļ	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	. <u>.</u>			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)			į	
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	34,381.		34,381.	
g					
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		_		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				 .
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)	• • •			· .
а					
b					
С					
d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	471,337.	436,956.	34,381.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any line in this Part X				
				(A) Beginning of year		(B) End of year	
	1	Cash non-interest-bearing			1		
	2	Savings and temporary cash investments		412,491.	2	577,582	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and fo	ormer officers, directors,				
		trustees, key employees, and highest compensated employees. Complete					
		Part II of Schedule L			5		
	6	Loans and other receivables from other disquali	fied persons (as defined under		, ,, ,	comment to be w	
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary				
2		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6		
222612	7	Notes and loans receivable, net			7		
١.	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges			9		
İ	10a	Land, buildings, and equipment cost or other					
i		basis Complete Part VI of Schedule D	10a	· · · · ·		`	
	b	Less accumulated depreciation	10b	10 226 501	10c	11 175 041	
	11	Investments - publicly traded securities	10,336,501.	11	11,175,841		
	12	Investments - other securities See Part IV, line 1			12		
	13	Investments - program-related See Part IV, line		13			
	14	Intangible assets	205	14	1 205		
	15	Other assets See Part IV, line 11		305.	15	1,205	
\dashv	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	10,749,297.	16	11,754,628	
	17	18 Grants payable			17	12,320	
	18				18		
ĺ	19	Deferred revenue			19		
- 1	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability Complete I Loans and other payables to current and former	· · -	21			
	22	, ,					
5		key employees, highest compensated employee		22			
3	22	Complete Part II of Schedule L Secured mortgages and notes payable to unrela	ited third parties		23		
	23 24	Unsecured notes and loans payable to unrelated	·		24		
ŀ	25	Other liabilities (including federal income tax, pa	•		2.4		
-	23	parties, and other liabilities not included on lines					
		Schedule D	11 24) Complete Fall X Of	37,817.	25	16,518	
	26	Total liabilities. Add lines 17 through 25		37,817.	26	29,046	
一		Organizations that follow SFAS 117 (ASC 958), check here X and	,		 	
۱ م		complete lines 27 through 29, and lines 33 an					
2	27	Unrestricted net assets		7,721,716.	27	8,445,125	
8	28	Temporarily restricted net assets		607,923.	28	899,349	
3	29	Permanently restricted net assets		2,381,841.	29	2,381,108	
5		Organizations that do not follow SFAS 117 (A	SC 958), check here			<u>-</u> -	
;		and complete lines 30 through 34.	,				
?	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building, or eq	uipment fund	-	31		
ואפן אספוס טו ו חוות חשושווכפס	32	Retained earnings, endowment, accumulated in			32		
ž I	33	Total net assets or fund balances	•	10,711,480.	33	11,725,582	
- 1	~						

			1600000	
	990 (2017) CORNERSTONES OF CARE FOUNDATION	<u> 43-</u>	1623792	Page 12
<u>.Pa</u>	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,526.
2	Total expenses (must equal Part IX, column (A), line 25)	2		.,337.
3	Revenue less expenses Subtract line 2 from line 1	3		,811.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,711	
5	Net unrealized gains (losses) on investments	5	1,054	,913.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	11,725	5,582.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
			,	Yes No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		٠.	. 1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	^ .	1 20
	separate basis, consolidated basis, or both		<u> </u>	, " 'S ·
	Separate basis Consolidated basis Both consolidated and separate basis		'-	4 (5 10
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	, 5	
	consolidated basis, or both			
	Separate basis X Consolidated basis Both consolidated and separate basis			44 5 6
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,		, F.
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	, ,	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired aud	dit	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х
			Form 9	990 (2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

CORNERSTONES OF CARE FOUNDATION

Employer identification number 43-1623792

Pa	rt I	Reason for Public	Charity Status (All organizations must c	omplete th	is part) Se	ee instructions	
The	organ	ization is not a private found	dation because it is (For lines 1 through 12, of	check only	one box)		
1	Ĭ	A church, convention of ch		-	-		` ^	
2	一	A school described in sect					*****	
_	一						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
3	-	A hospital or a cooperative					•	Declarate Program
4	ــــا	A medical research organiz	zation operated in co	njunction with a hospita	i describe	n sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,
	_	city, and state						
5		An organization operated f	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit descrit	oed in
		section 170(b)(1)(A)(iv). (0	Complete Part II)					
6		A federal, state, or local go	vernment or governm	nental unit described in	section 1	70(b)(1)(A)	(v).	
7	一	An organization that norma	-					nublic described in
•		_		illiai part of its support	nom a gov	CHINCHIA	unit of from the general	public accombca in
_		section 170(b)(1)(A)(vi). (C						
8	뭐	A community trust describ						
9	ш	An agricultural research or	ganization described	in section 170(b)(1)(A)	(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-	grant college of agric	ulture (see instructions)	Enter the	name, city	y, and state of the colleg	ge or
		university						
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from
		activities related to its exer	•					
		income and unrelated busi	•	•				-
				(less section of real) if	OIII DUSINE	sses acqu	ined by the organization	alter durie 30, 1373
		See section 509(a)(2). (Co	•					
11	믉	An organization organized						
12	LX.	An organization organized	•	•	-		-	
		more publicly supported or	rganizations describe	d in section 509(a)(1) d	r section	509(a)(2)	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type of	f supporting organization	n and con	nplete lines	s 12e, 12f, and 12g	
а	X	Type I. A supporting org	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), typically by	/ giving
		the supported organizati						
		organization You must			a majorny	o,o oo		
.	<u></u>	י ⁻			tion with it	e cupport	ad arganization(s), by bo	wina
b	L	J Type II. A supporting org	•				-	=
		control or management of			same perso	ons that co	ontrol or manage the sup	oported
	_	organization(s) You mus	st complete Part IV,	Sections A and C.				
С			egrated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,
		its supported organization	n(s) (see instructions	You must complete	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionall	v integrated. A supp	orting organization opei	rated in co	nnection v	vith its supported organi	ization(s)
		that is not functionally in						
		requirement (see instruct	-	* .	-			
		7						
е	L	Check this box if the org					i Type i, Type ii, Type iii	
		functionally integrated, o		nally integrated support	ing organi	zation		1
f	Ente	er the number of supported	organizations					
g		ride the following information						
	(i) Name of supported	(II) EIN	(III) Type of organization (described on lines 1-10	(iv) Is the orga	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
COE	RNE	RSTONES OF						
CAI			43-1689138	10	x		436,956.	
	<u> </u>		10 1003100					
			:					
				· · · · · · · · · · · · · · · · · · ·				
[otal	,				 		436.956.	0.

Schedule A (Form 990 or 990-EZ) 2017 ÇORNERSTONES OF CARE FOUNDATION 43-1623792 Page 3 Partilli 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) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons h Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 20 .15 (d) 2016 (e) 2017 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section \$01(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f) % 15 16 Public support percentage from 2016 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2016 Schedule A, Part III, line 17 18 %

b 33 1/3% support tests - 2016/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

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Part IV. | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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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			
supported organizations played in this regard			
	3		
COUNTY E. 170 III I MICHIGINI III MICHIGA CAPPAININ CINNICALIANIC			L
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee instructions).		•	
a The organization satisfied the Activities Test Complete line 2 below			
b The organization is the parent of each of its supported organizations. Complete line 3 below			
c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ictions	<u>) </u>	
2 Activities Test Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			{
those supported organizations and explain how these activities directly furthered their exempt purposes,			
how the organization was responsive to those supported organizations, and how the organization determined			4
· · · · · · · · · · · · · · · · · · ·	2a		 ,
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
reasons for the organization's position that its supported organization(s) would have engaged in these			{
	2b		
3 Parent of Supported Organizations Answer (a) and (b) below.			-1
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	- За		,
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Enter 85% of line 1 2 2 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 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 ot Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions) Schedule A (Form 990 or 990-EZ) 2017

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish exe	mpt purposes						
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported						
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS _					
4	Amounts paid to acquire exempt use assets							
5								
6	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9					
	(provide details in Part VI) See instructions							
9	Distributable amount for 2017 from Section C, line 6		·					
10	Line 8 amount divided by line 9 amount							
Secti	on E - Distribution Allocations (see ınstructions)	(i) Excess Distributions	(II) Underdistributions Pre-2017	(III) Distributable Amount for 2017				
1	Distributable amount for 2017 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2017 (reason-							
	able cause required explain in Part VI) See instructions			!				
3	Excess distributions carryover, if any, to 2017			i				
а	ļ		<u> </u>					
b	From 2013							
С	From 2014							
d	From 2015							
е	From 2016							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years		-					
h	Applied to 2017 distributable amount							
i	Carryover from 2012 not applied (see instructions)							
j	Remainder Subtract lines 3g, 3h, and 3i from 3f							
4	Distributions for 2017 from Section D,							
	line 7 \$							
а	Applied to underdistributions of prior years							
b	Applied to 2017 distributable amount							
	Remainder Subtract lines 4a and 4b from 4							
5	Remaining underdistributions for years prior to 2017, if							
	any Subtract lines 3g and 4a from line 2 For result greater]				
	than zero, explain in Part VI. See instructions							
6	Remaining underdistributions for 2017 Subtract lines 3h							
	and 4b from line 1 For result greater than zero, explain in							
	Part VI See instructions							
7	Excess distributions carryover to 2018. Add lines 3j							
	and 4c							
8	Breakdown of line 7							
а	Excess from 2013							
b	Excess from 2014							
С	Excess from 2015							
<u>d</u>	Excess from 2016							
е	Excess from 2017							

Schedule A (Form 990 or 990-EZ) 2017

43-1623792 Page 8
17b, Part III, line 12,
and 2, Part IV, Section C,
, Section B, line 1e, Part V,
nal information

Schedule A (Form 990 or 990 EZ) 2017 CORNERSTONES OF CARE FOUNDATION 43-1623792 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
PART IV, LINE 5
ON JANUARY 1, 2017, CORNERSTONES OF CARE FOUNDATION ("THE
ORGANIZATION," FKA OZANAM FOUNDATION) SUBSTITUTED CORNERSTONES OF CARE
(EIN: 43-1689138) FOR OZANAM, INC. (EIN: 44-0545442) DUE TO THE MERGER
OF OZANAM, INC. INTO CORNESTONES OF CARE ON JANUARY 1, 2017.
CORNERSTONES OF CARE IS A 501(C)(3) ORGANIZATION, AS WAS OZANAM, INC.
THE ORGANIZATION COMPLETED A CERTIFICATE OF MERGER TO MERGE VARIOUS
ENTITIES INTO CORNERSTONES OF CARE FOUNDATION AND VARIOUS ENTITIES INTO
CORNERSTONES OF CARE. THE ORGANIZATION WILL UPDATE ITS BYLAWS TO
REPLACE OZANAM, INC. WITH CORNERSTONES OF CARE.
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<u> </u>
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(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 for instructions and the latest information.

OMB No 1545-0047 Open to Public at

Name of the organization

CORNERSTONES OF CARE FOUNDATION

Employer identification number 43-1623792

Pa	rtil Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 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 advi-	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	e used only
	for charitable purposes and not for the benefit of the donor of		-
	impermissible private benefit?		Yes No
Pa	rtll Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	fling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		└── Yes
9	In Part XIII, describe how the organization reports conservation	· ·	
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for
Da	conservation easements	Ant Historical Transcence and	Alban Cimilan Accade
P, a	Organizations Maintaining Collections of	·	other Similar Assets.
	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		ince of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
b	If the organization elected, as permitted under SFAS 116 (AS	, ,	·
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic 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 treating to the control of the con		al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		S S S S S S S S S S
b	Assets included in Form 990, Part X		▶ \$

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		TONES OF C.				623792 Page 2
	Organizations Maintaining C					
3、	Using the organization's acquisition, accessi	ion, and other record	ls, check any of the	following that are a s	ignificant use of it	s collection items
	(check all that apply)	_				
а	Public exhibition	d	_	nange programs		
b	Scholarly research	е	Other			
c	Preservation for future generations	-Naskasas and sombo				aut VIII
4 5	Provide a description of the organization's concluding the year, did the organization solicit of					art Alli
3	to be sold to raise funds rather than to be ma					Yes No
Par	tilV Escrow and Custodial Arran		***		Form 990, Part IV	/, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21				
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	s or other assets not	included	
	on Form 990, Part X?				L	Yes No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table			
	, ,	·	-			Amount
С	Beginning balance				1c	
	Additions during the year				1d	
	Distributions during the year				1e	
f	Ending balance				1f	
	Did the organization include an amount on F	orm 990 Part X line	21 for escrow or cu	istodial account liabi		Yes No
	If "Yes," explain the arrangement in Part XIII					
_	tiV Endowment Funds. Complete					
[·I·		(a) Current year	(b) Prior year		(d) Three years bac	k (e) Four years back
10	Beginning of year balance	7,067,334.	6,664,905.	6,901,228.	6,477,998	
	Contributions	167,949.	312,520.	144,140.	404,694	
b		1,118,121.	197,225.	<35,431.		
	Net investment earnings, gains, and losses	1,110,121.	157,203.	700,101.	323,020	
	Grants or scholarships					
е	Other expenditures for facilities	306,156.	100 224	227 727	202 831	242 447
	and programs		100,224.	337,737. 7,295.	292,831 8,451	
	Administrative expenses	9,110.	7,092.		6,901,228	
g	End of year balance	8,038,138.	7,067,334.	6,664,905.	0,301,220	. 0,477,330.
2	Provide the estimated percentage of the cur)) held as		
а	Board designated or quasi-endowment	63.50	%			
	Permanent endowment ► 29.62	 %				
С		6.88 %				
	The percentages on lines 2a, 2b, and 2c sho					
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held ai	nd administered for t	he organization	<u></u>
	by					Yes No
	(i) unrelated organizations					3a(i) X
	(II) related organizations					3a(II) X
b	If "Yes" on line 3a(ii), are the related organization	•				3b
4	Describe in Part XIII the intended uses of the		owment funds		 	
Rar	tiVI Land, Buildings, and Equipm			5 000 D. LV	1 40	
	Complete if the organization answere	1				() 5
	Description of property	(a) Cost or o			ccumulated	(d) Book value
		basis (investr	nent) basis (preciation	
1a	Land					
	Buildings					
С	Leasehold improvements					
d	Equipment					
	Other					
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1-	0c)	•	0.

▶ 0. Schedule D (Form 990) 2017

. Complete if the organization answered "Yes"				diofwear market value
(a) Description of Security or category (including name of security)	(b) Book value	(c) ivietnod of v	aiuation Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests	····			
(3) Other				
(A)				
(B)		-	-	
(C)				
(D)				
(E)				
(F)				
(G)				
(H) \\ Tatal (Cal (b) must soughform 000 Part V and (D) line 12 \\ \[\begin{array}{cccccccccccccccccccccccccccccccccccc				····
Total (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				d - £ d - 4 b
(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or end	d of-year market value
(1)				
(2)		-		
(3)				
(4)				
(5)				·
(6)				
(7)		-		
(8)				
(9)				
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)		, 1*		<u> </u>
Part IX Other Assets.	5 000 D 1 11	44 0 - 5 000	D- + V b 45	
Complete if the organization answered "Yes"	on Form 990, Part IV Description	, line 11d See Form 990,	Part X, line 15	(b) Book value
	Description			(b) Dook value
(1)				
(2)				<u></u>
(3)				
(4)	 		<u></u> .	
(5)				
(6)				
(7)	<u> </u>			
(8)		<u> </u>		
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	; 15)			
	on Form COO Dort IV	line 11e or 11f Coe Form	n 000 Port V June 25	
Complete if the organization answered "Yes" (1. (a) Description of liability	Un Form 990, Part IV	(b) Book value	1 990, Fart A, life 23	
	-	(b) Book value		•
(1) Federal income taxes (2) DUE TO RELATED ORGANIZATION	ONG	16,518.		••
	OND	10,510.		,
(3)				
(4)				
(5)				٦,
(6)				* •
(7)			4	
(8)				_
(9)		16 610	~	•
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	16,518.		

^{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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

ACCOUNTING FOR UNCERTAIN TAX POSITIONS. UNCERTAIN TAX POSITIONS, IF ANY,

ARE RECORDED AS A LIABILITY IF A TAX POSITION TAKEN DOES NOT MEET THE

MORE-LIKELY-THAN-NOT STANDARD THAT THE POSITION WILL BE SUSTAINED UPON

EXAMINATION BY THE TAXING AUTHORITIES. THERE IS NO LIABILITY FOR UNCERTAIN

TAX POSITIONS RECORDED AT DECEMBER 31, 2017 OR 2016.

Schedule D (Form 990) 2017	CORNERSTONES	OF	CARE	FOUNDATION	43-1623792 Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Info	ormation (continued)				
•					
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SCHEDULE I

Department of the Treasury Internal Revenue Service (Form 990)

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

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

▶ Attach to Form 990.

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OMB No 1545-8047

Open to Public Inspection

Schedule I (Form 990) (2017) 2 [] Employer identification number 43-1623792 SUPPORT CORNERSTONES OF (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any CARE Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash Ö assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of 436,956 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table CORNERSTONES OF CARE FOUNDATION (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 Enter total number of other organizations listed in the line 1 table 501C3 43-1689138 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government KANSAS CITY, MO 64145 CORNERSTONES OF CARE 300 EAST 36TH STREET Name of the organization Part Part II

732101 11-01-17

Page 2 (f) Description of noncash assistance 43-1623792 (e) Method of valuation (book, FMV, appraisal, other) STRUCTURED TO SUPPORT THE ACTIVITIES OF CORNERSTONES OF CARE AND THEREFORE . Part IV; Supplemental Information. Provide the information required in Part I, line 2. Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed CARE FOUNDATION IS (d) Amount of non-cash assistance (c) Amount of cash grant CORNERSTONES OF CARE FOUNDATION CORNERSTONES OF (b) Number of recipients SUPPORTS THAT ORGANIZATION GOVERNING DOCUMENTS, (a) Type of grant or assistance Schedule I (Form 990) (2017) THE LINE EXCLUSIVELY BASED ON PART I, Part III

Schedule I (Form 990) (2017)

732102 11-01-17

Compensation Information

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.

Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

Employer identification number

CORNERSTONES OF CARE FOUNDATION

43-1623792

			Yes	No
1a	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			.
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			·]
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
			,	. [
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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			لــــــــــــــــــــــــــــــــــــــ
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	_2_		
			-	
3	Indicate which, if any, of the following the filing 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		•	
	Compensation committee Written employment contract	. 1		
	Independent compensation consultant Compensation survey or study		`	
	Form 990 of other organizations Approval by the board or compensation committee	•	,	`
4	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		<u> </u>	لحينا
а	Receive a severance payment or change of control payment?	4a_		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	٠,		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	٠		l
	contingent on the revenues of			ليہ
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			I
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the net earnings of			لبب
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III	1		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			لـــِــا
	not described on lines 5 and 67 If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u></u> -		لببا
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2017

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

		(B) Breakdown of W	W 2 and/or 1099 MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	lin.
(A) Name and Title		(ı) Base compensation	(II) Bonus & Incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(a) (b) (b)	in column (B) reported as deferred on prior Form 990
(1) RYAN DOWIS	3	0	0	0	0	0	0	0
SECRETARY/CHIEF OPERATING OFFICER	Ξ	143,66	0	3,600.	2,657.	427.	150,351.	0
(2) DENISE CROSS	Ξ		0	0				
PRESIDENT/CHIEF EXECUTIVE OFFICER	(11)	174,990.	0	3,941.	5,51	10,065.	194,507.	0
(3) LYNN LEMKE	Ξ		0					0
CHIEF HEALTHCARE INTEGRATION OFFICER (11)	R(III)	136,191.	0	3,692.	3,462.	18,591.	161,936.	0
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b

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

732211 09-07-17

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CORNERSTONES OF CARE FOUNDATION

Employer identification number 43-1623792

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CORNERSTONES OF CARE.
FORM 990, PART VI, SECTION A, LINE 6:
CORNERSTONES OF CARE IS THE SOLE MEMBER OF CORNERSTONES OF CARE FOUNDATION.
THE BOARD OF DIRECTORS IS APPROVED BY CORNERSTONES OF CARE, WHICH ALSO
PROVIDES MANAGEMENT OVERSIGHT.
FORM 990, PART VI, SECTION A, LINE 7A:
THE BOARD OF DIRECTORS IS APPROVED BY CORNERSTONES OF CARE.
THE BOARD OF DIRECTORS IS AFFROVED BY CORRESPONDED OF CARD.
FORM 990, PART VI, SECTION A, LINE 7B:
CORNERSTONES OF CARE MAY APPROVE THE DECISIONS OF THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS OF THE AGENCY RETAINS FINAL RESPONSIBILITY FOR THE
PREPARATION AND REVIEW OF THE AGENCY'S ANNUAL INFORMATION RETURN (FORM 990)
FILED WITH THE INTERNAL REVENUE SERVICE.
MUE DOADD DELECAMES MUE DESDONSTRILLIMY FOR MUE DREDADAMION OF MUE FORM MO
THE BOARD DELEGATES THE RESPONSIBILITY FOR THE PREPARATION OF THE FORM TO
ITS ACCOUNTING FIRM AND THE BOARD, ALONG WITH APPROPRIATE FINANCIAL
MANAGEMENT, REVIEW THE DRAFT OF THE FORM 990 PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
AT THE TIME OF HIRE, THE CEO OR HIS/HER DESIGNEE SHALL PROVIDE TO EMPLOYEES
A COPY OF THE CONFLICT OF INTEREST POLICY. IN ADDITION, ON AN ANNUAL
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

RECURRING BASIS, THE CEO OR HIS/HER DESIGNEE SHALL PROVIDE TO THE CORPORATE DIRECTORS AND ALL KEY EMPLOYEES (AS IDENTIFIED ON THE IRS FORM 990)

APPLICABLE CONFLICT OF INTEREST DISCLOSURE FORMS AND QUESTIONNAIRES AND RELATED POLICY ACKNOWLEDGEMENTS, WHICH SHALL BE COMPLETED TO IDENTIFY ANY RELATIONSHIPS, POSITIONS, OR CIRCUMSTANCES RELATED TO ANY POTENTIAL CONFICTS OF INTEREST. THE CEO WILL COLLECT THE COMPLETED FORMS AND REVIEW WITH THE BOARD CHAIR AND CHIEF FINANCIAL OFFICER ANY RELATED PARTY TRANSACTIONS THAT WERE DISCLOSED, TO ASSESS FOR PRESENCE OF CONFLICT OF INTERESTS AND, IF SO, APPROPRIATE STEPS TO MITIGATE.

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

OUR OVERALL EXECUTIVE COMPENSATION STRATEGY IS TO ATTRACT, RETAIN AND

MOTIVATE HIGHLY QUALIFIED EXECUTIVES. THE KEY EXECUTIVES FOR 2017 WERE

COMPRISED OF THE PRESIDENT/CEO, THE CHIEF OPERATING OFFICER AND THE CHIEF

FINANCIAL OFFICER. THE PRINCIPAL OBJECTIVES OF OUR EXECUTIVE COMPENSATION

ARE (1) ATTRACT AND RETAIN HIGHLY-QUALIFIED AND TALENTED INDIVIDUALS, AND

(2) MOTIVATE THESE INDIVIDUALS TO ACHIEVE OUR SHORT-TERM AND LONG-TERM

BUSINESS OBJECTIVES IN ALIGNMENT WITH OUR STRATEGIC PLAN.

CORNERSTONES OF CARE'S BOARD OF DIRECTORS OVERSES THE COMPENSATION OF THE PRESIDENT/CEO. IN ADDITION, THE BOARD OF DIRECTORS CONSULTS WITH THE PRESIDENT/CEO ON THE COMPENSATION FOR THE OTHER ABOVE NAMED KEY EXECUTIVES.

IN 2014, THE CORNERSTONES OF CARE BOARD OF DIRECTORS REVIEWED COMPETITIVE COMPENSATION DATA AND APPROVED THE BASE SALARY AND SALARY ADJUSTMENT OF THE PRESIDENT/CEO. AFTER CONSULTATION WITH THE BOARD OF DIRECTORS, THE PRESIDENT/CEO DETERMINE APPROPRIATE COMPENSATION AND SALARY INCREASES FOR THE OTHER KEY EXECUTIVES.

IN MAY, 2014, THE BOARD OF DIRECTORS CONSIDERED THE COMPETITIVENESS OF

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization CORNERSTONES OF CARE FOUNDATION	Employer identification number 43-1623792
SALARIES PAID TO OUR EXECUTIVES BY REVIEWING COMPARATIVE	SURVEY DATA
OBTAINED FROM THE COMPENSATION CONSULTANT LOCKTON. LOCKTO	N PRESENTED THEIR
FINDINGS TO THE BOARD OF DIRECTORS ALONG WITH RECOMMENDAT	IONS FOR INCREASES
TO KEY EXECUTIVES' SALARIES TO MOVE TOWARD MORE COMPETITI	VE BASE PAY.
AFTER REVIEW AND DISCUSSION OF THIS DATA, SALARY ADJUSTME	NTS WERE
DETERMINED FOR KEY EXECUTIVES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQ	UEST.
FORM 990, PART XII, LINE 2C	
CORNERSTONES OF CARE AUDIT COUNCIL ASSUMES RESPONSIBILITY	FOR OVERSIGHT
OF THE AUDIT OF THE CONSOLIDATED FINANCIAL STATEMENTS AND	THE SELECTION
OF AN INDEPENDENT ACCOUNTANT. THE AUDIT COUNCIL REVIEWS T	HE PERFORMANCE
OF THE AUDIT FIRM EVERY THREE TO FIVE YEARS.	
	•
	•

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

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

CORNERSTONES OF CARE FOUNDATION

Open to Públic Inspection

OMB No 1545;0047

Employer identification number 43-1623792

Schedule R (Form 990) 2017 (g) Section 512(b)(13) ž × × controlled entity Direct controlling Yes entity Part II i Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Ξ Direct controlling ORNERSTONES OF entity End of year assets CARE status (if section (e) Public charity 501(c)(3)) LINE 12A, <u>e</u> LINE 10 Total income Exempt Code 9 section 501(C)(3) 501(C)(3) Legal domicile (state or Part 1 Indentification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) MISSOURI MISSOURI Primary activity Primary activity SOCIAL SERVICES For Paperwork Reduction Act Notice, see the Instructions for Form 990. SUPPORT Name, address, and EIN (if applicable) OZANAM THRIFTMART INC - 43-1689299 CORNERSTONES OF CARE - 43-1689138 Name, address, and EIN of related organization of disregarded entity KANSAS CITY, MO 64145 KANSAS CITY, MO 64111 421 EAST 137TH STREET 300 EAST 36TH STREET

43-1623792

'Page 2

CORNERSTONES OF CARE FOUNDATION

Schedule R (Form 990) 2017

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

Œ	General or Percentage managing Ownership partner? Yes No			Ī								
3	nanaging partner?		_	_								
Ξ	Code V-UBI General or Pangung amount in box partner? 20 of Schedule K 1 (Form 1065) Yes No											
(F)	S age											
(6)	Share of end-of-year assets											
(£)	Share of total income											
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)											
(Đ	Direct controlling entity								•			
(2)	Legal domicile (state or foreign country)											
(q)	Primary activity											
(a)	Name, address, and EIN of related organization					,						

TParily ing ldentification 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

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_	Percentage 512(bx13) Ownership controlled entity?	٥		,												
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Schedule R (Form 990) 2017

Page 3

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

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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

Name, address, and EIN of entity co	Legal domicile Predominant income (state or foreign (related, unrelated, country) sections 512-514) Y	nrelated, sorie) nrelat	Share of total total income	Share of end of-year assets	Dispropor Dispropor Ales No Yes Code V-UBI General or Percentage amount in box 20 paranging ownership of Schedule K-1 (Form 1065) Yes No	Managing Man	ownership (
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Schedule R (Form 990) 2017	CORNERSTONES	OF CARE FO	OUNDATION	43-162379	2 Page 5
Part VII Supplemental Ir	formation.		· · · · · · · · · · · · · · · · · · ·		
Provide additional inf	ormation for responses to que	estions on Schedule F	R See instructions		
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