Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCANNED APR 1 3 2021

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

Open to Public Inspection

► Go to www.irs gov/Form990EZ for instructions and the latest information

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L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts if gross receipts are \$200,000 or more, or if total assets [cart it, column (8)] are \$500,000 or more, file Form 990 instead of Form 990-EZ Check if the organization used Schedule O to respond to any question in this Part	<u>J 1</u>	ax-exen	npt status (che	eck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1)	or527	(Form 9	9 <mark>90</mark> , 99	0-EZ, or 990-PF)	. —
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Benefits paid to or for members Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors IAY 1 1 2020 Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe in Schedule O) Total expenses. Add lines 10 through 16 Excess or (deficit) for the year (subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 In the second of the year (subtract line 17 from line 27, column (A)) (must agree with line 27) Total expenses. Add lines 10 through 16 In the year (subtract line 17 from line 27) Total expenses or (deficit) for the year (subtract line 17 from line 27) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 In the year (subtract line 17 from line 27) Total expenses. Add lines 10 through 16 In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (subtract line 17 from line 27) In the year (su	_	10			ווערה.	ا ٦	 		
Salaries, other compensation, and employee benefits 2		11	Benefits pa	ud to or for members		1	-	-	
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Vet assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 25 234	S	12	Salaries, ot	her compensation, and employee benefits 3		ပ္ကု	-	73	958
14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Vet assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 25 234	35		Professiona	al fees and other payments to independent contractors	1 2020	ŏ[
Printing, publications, postage, and shipping OGDEN, UT 16 21444 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 OGDEN, UT 16 21444 17 18 Excess or (deficit) for the year (subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 31631 20 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20	ē		Occupancy	, rent, utilities, and maintenance		ည်[\vdash	14	319
16 Other expenses (describe in Schedule O) 21 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 25334	Ä			iblications postage and abinning		≐∣	\vdash		
17 Total expenses. Add lines 10 through 16					<u>N. UI</u>		$\overline{}$	21	444
18 Excess or (deficit) for the year (subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 31631 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year Combine lines 18 through 20 25334			-	· —		[—] ▶	-		
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 18 through 20 19 31631 20 Net assets or fund balances at end of year Combine lines 18 through 20 21 25334		+							
21 Net assets or rund palances at end or year Combine lines 18 through 20	4				A)) (must agre	e with	H		
21 Net assets or rund palances at end or year Combine lines 18 through 20	SS				,, t		40	31:	631
21 Net assets or rund palances at end or year Combine lines 18 through 20	*	20		•			_	31.	
	ž					•	$\overline{}$	25	334
	For				at No. 106421	<u></u>			

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable (d) compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Robert Bennett	1			
Director		0	0	0
Brian Fitzgerald	1	-		
Director		0	0	0
David Glicksberg	1 -		* · · · · ·	
Director		0	0	0
Harry Hedges	1			
Director		0	0	. 0
Deirdre Joseph	1		-	
Director		0	0	0
Errol Kirk	1 "			
Director		0	0	0
Clarence E Lee	1	-		-
Director		0	0	0
Leila Mizer	1			
Executive Director		0	0	0
Kathleen Moore	1			
Director		0	0	0
Robert Murr	1			
Director		0	0	0

	Part	• • • • • • • • • • • • • • • • • • • •				
		instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	Yes	No	
	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	100	<u> </u>	_
3.	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		\	?:
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?				
	b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b	\vdash	V	
	c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.	35c		~	•
	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/	21
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			_	_
	b	Did the organization file Form 1120-POL for this year?	37b		~	
	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~	71
	b	If "Yes," complete Schedule L, Part II, and enter the total amount involved		-		_
	39	Section 501(c)(7) organizations. Enter		1		
	a	Initiation fees and capital contributions included on line 9				
	ь 40а	Gross receipts, included on line 9, for public use of club facilities				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		.	21
	c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~	
	41	List the states with which a copy of this return is filed ▶ Florida				
	42a	Tool of the state	313-22)	
	h	Located at > 2708 N Central Ave, Tampa, FL ZIP + 4 >	346	502 • • • •	N -	
	U	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No ✓	
		If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and				
		Financial Accounts (FBAR).				
	c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		~	
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here .		. 1	▶ 🗆	
		and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No	
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	165	110	
	þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	AAL		.,	-
	С	Did the organization receive any payments for indoor tanning services during the year?	44b 44c	 -	-	•
		If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	 		•
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	•
	b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		~	•

Form 99	0-EZ (20	019)						F	age 4	۲
46	Did ti	ne organization engage, directly or in	ndirectly, in political c	ampaign activities o	n behalf o	of or in apposit	ion [Yes	No	-
		ndidates for public office? If "Yes," c					46	1	v	ı
Part '	VI	Section 501(c)(3) Organizations	s Only	· · · · · · · · · · · · · · · · · · ·	_		·			•
		All section 501(c)(3) organizations		stions 47–49b and	152. and	complete the	e tables f	or lin	es	
		50 and 51			,			_		
		Check if the organization used Sch	nedule O to respond	l to any question in	this Part	VI				
		OTTOOK IT BIO OTGATIZATION GOOD	loddio o to roopond	to daily quoduori in	unorat	·····	 -	Yes	No	-
47	Did ti	he organization engage in lobbying	activities or have a	section 501/h) elect	ion in effe	ct during the	tay	1,03	110	-
••		' If "Yes," complete Schedule C, Pari		occurred this circu	1071 111 0110	ot during the			ر. ا	
40	-	· ·		301410/ 91-1		· · · ·	47	┼		١.
48		organization a school as described in					 -	╁	-	_ 1
49a		ne organization make any transfers to	=	•	nzation?.		49a	+	- ·	-
_ b		s," was the related organization a se					. 49b			-
50		olete this table for the organization's								,
	етпри	oyees) who each received more than	\$100,000 of compet	nsation from the org			e, enter	vone		_
			(b) Average	(c) Reportable		saith benefits, ions to employee	(e) Estimat	ad amo	unt of	
	(a)	Name and title of each employee	hours per week	compensation (Forms W-2/1099-MISC	honofft ni	ans, and deferred	other cor			
	<u> </u>		devoted to position	(come M-50 1053-W190	" con	npensation				_
N/A										
				<u>L</u>						
										-
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					1					
		·				-	_			-
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			·		 					-
					1					
	T-1-1		4400.000		<u> </u>					-
		number of other employees paid over		• •		.				
51	Comp	olete this table for the organization' ,000 of compensation from the orga	s five highest compe	ensated independer	nt contract	tors who each	received	more	thai	1
	\$100.	,000 or compensation from the orga	inzauon. n triere is no	The, enter None		- [-
	(a)	Name and business address of each independ	lent contractor	(b) Type of se	ervice	(4	Compensat	ion		
B1/A										-
N/A				4						
						_				_
				1		1				
		·····								_
]						
					_					_
]						
				1						
										-
				1						
d	Total	number of other independent contra	actors each receiving	over \$100 000	<u> </u>					-
52		the organization complete Schedu	•	•		must attack	···········			-
-		eted Schedule A	ile A' NOCO. Air se	schort bortes(s) org	janizations	s must auaci	ื้⊳้⊠ Yes	. \square	Nο	
						• • • • • • • • • • • • • • • • • • •				-
		of perjury, I declare that I have examined this in discomplete. Declaration of preparer (other than					nowledge an	CI DOMESI	, IL FS	
		Di Chillia			1	- :=x-,	7.4			-
2i		(XIII) /VIVA				5/4/201		-		-
Sign	1	Signature of officer				Date				
Here	?1	Leila Mizer, Executive Director			·					_
		Type or print name and title								_
Paid		Prmt/Type preparer's name	Preparer's signature		Date	Check	t PTIN			
raiu Prep	arer		1			self-emplo				
Use (Firm's name				Firm's EIN ▶				-
JOE !	Cilly	Firm's address >				Phone no			-	-
May	he IDC	discuss this ratum with the prepared	r chown about 2 Con	inetrictions.		, INNO IN	► □ va	, <u> </u>	Na	-

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt chantable trust.
► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Corr	nerstone Kids, Inc					59-35	‡5645
Par	t Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instruction	ns
The c	organization is not a private founda						^ 0
1	A church, convention of church						07
2	A school described in section						V 1
3	A hospital or a cooperative hos						
4	A medical research organization	•	onjunction with a hosp	ortal desc	nbed in s	section 170(b)(1)(A)(uii). Enter the
	hospital's name, city, and state						
5	An organization operated for section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a govern me nt	al unit described in
6 7	A federal, state, or local govern An organization that normally described in section 170(b)(1)	receives a subs	stantial part of its sup				the general public
8	☐ A community trust described in	n section 170/b)(1)(A)(vi). (Complete l	Part II)			
9	An agricultural research organi				arated in	consunction with a f	and_arant college
	or university or a non-land-gra university	nt college of agi	nculture (see instruction	ons) Ente	r the nan	ne, city, and state of	the college or
10	An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt full t income and un	inctions—subject to c irelated business taxal	ertam exc ble incon	ceptions, ie (less s	and (2) no more that ection 511 tax) from	n 331/3% of its
11	An organization organized and	operated exclu	sively to test for public	safety :	See sect	ion 509(a)(4).	
12	An organization organized and	operated exclus	sively for the benefit o	f, to perfe	orm the fo	unctions of, or to car	ry out the purposes
	of one or more publicly suppo						
	Check the box in lines 12a thro	ough 12d that de	scribes the type of sur	porting o	rganızatı	on and complete line	s 1 2e, 12f , and 12g
а							
	the supported organization					the directors or trust	ees of the
	supporting organization Ye	ou mus t compl	ete Part IV, Sections	A and B	•		
b	_ ,, ,, ,,						
	control or management of organization(s) You must				persons	that control or man	age the supported
C	Type III functionally integ its supported organization(ally integrated with,
d	☐ Type III non-functionally i	i ntegrated. A su	ipporting organization	operated	in conn	ection with its suppo	rted organization(s)
	that is not functionally integ	grated The orga	ınızatıon generally mu	st satisfy	a distribi	ution requirement an	dan attentiveness
	requirement (see instructio	ns) You must c	complete Part IV, Sec	tions A	and D, ar	nd Part V.	
е	Check this box if the organ	ization received	a written determination	on from t	ne IRS th	at it is a Type I, Type	ell, Type III
	functionally integrated, or 1	Type III non-fund	tionally integrated sup	porting (organizat	ion	
f	Enter the number of supported of	organizations					
g	Provide the following information	n about the supp	ported organization(s)				
	(i) Name of supported organization	(ii) EIN	(III) Type of organization		rganization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10		ır gove ming ment?	. , , ,	other support (see
			above (see instructions))		an	instructions)	instructions)
				Yes	No		
(A)							
(B)	<u> </u>						·
(C)							<u> </u>
(D)							· - ·
(E)				 	-		
Total				 	<u> </u>		
			•	•			

P	20	2

Part							
	(Complete only if you checked the Part III If the organization fails to						anily under
Secti	on A. Public Support			,		/	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				,	/	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				<i>,</i> '		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	ļ 		/			
	on B. Total Support	L 		,	<u> </u>		<u> </u>
	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		/				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on	/					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	.,	-			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	on 501(c)(3) ► □
Secti	on C. Computation of Public Suppoi				<u></u>	, , , , , , , , , , , , , , , , , , ,	
14	Public support percentage for 2019 (line 6		-	1, column (f))		14	%
15	Public support percentage from 2016 Sci					15	%
16a	331/3% support test—2019. If the organication qua				na line 14 is s	3./370 Of Hiore,	
Ь	331/2% support test—2018. If the organithis box and stop here The organization	zation did not	check a box o	on line 13 or 16		is 33¹ദ% or m	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts	-and-circumst	ances" test, cl	neck this box	and stop here	. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization resupported organization	ation meets th	ne "facts-a <mark>nd</mark> ⊸	circumstances	" test, check	this box and	a, and line stop here
18	Private foundation. If the organization di	ıd not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	
	instructions						▶ □
	/				Sci	hedule A (Form 99	0 or 990-EZ) 2019

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

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

Calendar year for fiscal year beginning in P 1 6lity gards, contributors, and membeshap lies in consequence of the control of the contr	Secti	on A. Public Support						
necewid (Drive Intuitive ary "unusual grants.") Gines accept from admissions, merchandles end or sorvices performed, or facilities introduced in any activity that in critical to the organization's the weeks that are not an unrelated trade or business under eachor 313 4 Tax revenues leveled for the organization's benefit and either paid to or expended on the behalf of the organization's benefit and either paid to or expended on the behalf of the organization without charge 5 The value of services or facilities trumshed by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 reserved from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7 a and 7 b 8 Public support. (Subtract line 7c from line 6 10 Gross income from interest, dividends, payments received on securities loans, entits, reyaltes, and room from smaller sources accounted after June 30, 1975. 6 Add lines 10 and 10 b 11 Net income from unrelated business sacion of 11 taxee from business sacround after June 30, 1975. 6 Add lines 10 and 10 b 11 Total support. (Add lines 9, 10c, 11, and 12) 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 50 (Government accounts) and the payments received on securities loans, entits, organization, check this box and stop here Section D. Computation of Public Support Percentage 15 Public support percentage from 2018 Schedula A, Part III, line 15 16 100 % 17 Investment morne percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 17 Investment morne percentage from 2018 Schedula A, Part III, line 15 18 37/9% support tests—2019 If the organization defined the box on line 14, and line 15 is more than 337/9%, shed this box and stop here. The organization qualifies as a	Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
2 Gross receipts from admesters, merchandice sold or services performed, of facilities furnished in any activity that is related to the organization's face-weep that purpose or a committed or the proper of the organization's face-weep that or expended on its behalf or expended on the behalf or the organization without charge for the organization of the amount on lines 1, 2, and 3 received from disqualified persons but exceed the greater of \$5,000 or 1% of the amount on lines 13 or the year of the amount on lines 13 or the year of the amount on line 13 for the year of the line 13 for the year of year of year of year of year of year of year	1						-	_
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Section C. Computation of Public Support Percentage 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2018 Schedule A, Part III, line 15 16 100 % Section D. Computation of Investment Income Percentage 17 Investment income percentage from 2018 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2018 Schedule A, Part III, line 17 19 33¹/s% support tests—2019 If the organization did not check the box on line 14, and line 15 is more than 33¹/s%, and line 17 is not more than 33¹/s%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ✓ 18 33¹/s% support tests—2018 If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/s%, and line 18 is not more than 33¹/s%, check this box and stop here. The organization qualifies as a publicly supported organization □ □	14			ı's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
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Public support percentage from 2018 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage Investment income percentage from 2019 (line 10c, column (f), divided by line 13, column (f)) Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investment income percentage from 2018 Schedule A, Part III, line 17 Investme								
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17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization b 33½% support tests—2018 if the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization		• •		•	. on line 14	ad line 15 is	,	
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	b	331/3% support tests-2018 if the organiz	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more than 3	3 ¹ /3%, and
	20							

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. AJI	Supporting	Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated if designated by class or purpose, describe the designation if historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
Ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
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	3c		
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	4a		
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
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	4c		
5а	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)	5a		
Ь	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
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.	9c	1	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
Ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Part I	V Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
_		·	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ĺ		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	 	 -	-
~	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		ļ	
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1		
	supervised, or controlled the supporting organization	2		
Section	on C. Type II Supporting Organizations	· <u> </u>		'
	- The state of the		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		İ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	l		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	.	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1		
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations	13	L	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	netro	ction	e)
a	The organization satisfied the Activities Test Complete line 2 below	nonu	CHOIL	9)
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 in	struct	ions)
2	Activities Test Answer (a) and (b) below.		Yes	
а	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,	ļ		Ì
	how the organization was responsive to those supported organizations, and how the organization determined	1		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		}	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	Į.	ļ	ļ
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	ŀ
	activities but for the organization's involvement	2ь		
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	ļ	ţ	ļ
	trustees of each of the supported organizations? Provide details in Part VI.	3a	ļ	
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	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of pnor-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B — Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)	 		·- -
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	l		
factors (explain in detail in Part VI)	<u> </u>		
2 Acquisition indebtedness applicable to non-exempt-use assets	2	 	
3 Subtract line 2 from line 1d	3	<u> </u>	
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recovenes of prior-year distributions	7	: 	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y ini	egrated Type III support	ing organization (see
instructions)			

Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organia	zations (continued)			
Secti	Section D - Distributions					
1	Amounts paid to supported organizations to accomplish					
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	-				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI) See instructions					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions					
- 9	Distributable amount for 2019 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
	on E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI) See instructions					
3	Excess distributions carryover, if any, to 2019					
а	From 2014					
Ь	From 2015					
С	From 2016					
ď	From 2017					
е	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2019 distributable amount					
i_	Carryover from 2014 not applied (see instructions)					
j	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2019 from Section D, line 7 \$					
а	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
С	Remainder Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions					
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI . See instructions					
7	Excess distributions carryover to 2020. Add lines 3 _j and 4c					
8	Breakdown of line 7					
а	Excess from 2015					
b	Excess from 2016 .					
С	Excess from 2017					
d	Excess from 2018					
e	Excess from 2019					

Page	5

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)
	
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Cornerstone Kids, Inc	Employer identification number 59-3545645			
1 Description of Other Expenses (Page 1)	art 1, line 16)			
Description	Amounnt			
Fingerprinting/Background Check	\$280		<u>-</u>	
Convention Expense	\$198			
License Expense	\$311			
Bank Charges	\$ 175			
Office Supplies	\$147			
Fund Raising Expense	\$10,702			
Program Expense	\$9,631			
2 Description of liabilities (Part II, lin	e 26)			
Category Beginning of the	year End	of the year	,2-24	
Payroll Tax payable \$1,057	\$1	,128		
				<u></u>