

TAXPAYER'S COPY

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury
Internal Revenue Service

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

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Name of exempt organization

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Employer identification number

94-3100741

Name and title of officer

**KINKINI BANERJEE
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>3,638,078.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ **TAXPAYER'S COPY** Date ▶ _____

Part III Certification and Authentication

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

68500851362
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Patricia A. Wintroath* Date ▶ 05/10/17

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

Form **990**

Return of Organization Exempt From Income Tax

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

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION Doing business as BUILDING FUTURES WITH WOMEN AND Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1395 BANCROFT AVENUE 13 City or town, state or province, country, and ZIP or foreign postal code SAN LEANDRO, CA 94577	D Employer identification number 94-3100741 E Telephone number (510) 357-0205 G Gross receipts \$ 3,652,238.
F Name and address of principal officer: ELIZABETH VARELA 1395 BANCROFT AVENUE, #13, SAN LEANDRO, CA		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ BFWC.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1986 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: ENDING HOMELESSNESS AND DOMESTIC VIOLENCE OF WOMEN AND CHILDREN		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	61
6	Total number of volunteers (estimate if necessary)	6	300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	511,275.	709,305.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,263,369.	2,871,313.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,495.	57,460.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,814,139.	3,638,078.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,760,246.	2,366,620.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 143,870.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,061,011.	1,310,420.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,821,257.	3,677,040.
19	Revenue less expenses. Subtract line 18 from line 12	-7,118.	-38,962.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	1,874,192.	2,062,240.
22	Net assets or fund balances. Subtract line 21 from line 20	1,292,273.	1,519,283.
22	Net assets or fund balances. Subtract line 21 from line 20	581,919.	542,957.

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 1,053,639. including grants of \$) (Revenue \$ 982,637.) HOUSING PROGRAMS - AS LEAD AGENCY FOR THE HOUSING RESOURCE CENTER SERVING THE ENTIRE MID COUNTY, WE PROVIDE DIRECT RENTAL ASSISTANCE AND CASE MANAGEMENT SERVICES TO INDIVIDUALS AND FAMILIES WHO ARE HOMELESS OR AT IMMINENT RISK OF BECOMING HOMELESS. WE PROVIDE RELOCATION AND STABILIZATION SERVICES, HOUSING SEARCHES, OUTREACH TO LANDLORDS, SAFETY PLANNING, CREDIT REPAIR COUNSELING AND LEGAL SERVICES REFERRALS. IN THE PAST YEAR THIS PROGRAM HAS SERVED 950 PEOPLE IN 520 HOUSEHOLDS AND PROVIDED OVER \$475,000 IN DIRECT FINANCIAL ASSISTANCE. ALL OF OUR PROGRAMS ARE WELL COORDINATED SO WE ARE ABLE TO ADDRESS THE MOST CRITICAL NEED OF THE MAJORITY OF OUR CLIENTS - SAFE AND STABLE HOUSING. HOUSING WORKSHOPS AND HOUSING ASSISTANCE SERVICES ARE A KEY COMPONENT OF ALL OUR PROGRAMS.

4b (Code:) (Expenses \$ 1,083,711. including grants of \$) (Revenue \$ 978,375.) EMERGENCY SHELTERS - WE HAVE TWO EMERGENCY SHELTERS FOR HOMELESS WOMEN AND CHILDREN. THE SAN LEANDRO SHELTER HAS 30 BEDS AND MIDWAY, THE ALAMEDA SHELTER, HAS 25 BEDS. THIS YEAR THE PROGRAM PROVIDED 19,790 NIGHTS OF SHELTER FOR 510 WOMEN AND CHILDREN. ALL RESIDENTS ARE PROVIDED WITH THREE MEALS A DAY, SHOWERS AND LAUNDRY FACILITIES AS WELL AROUND THE CLOCK STAFFING TO ENSURE SAFETY. SUPPORT SERVICES ARE PROVIDED FOCUSING ON CONNECTING RESIDENTS TO AVAILABLE, SUSTAINABLE HOUSING. OVER SEVENTY PERCENT OF THE WOMEN WHO STAYED IN OUR EMERGENCY SHELTERS LAST YEAR FOR 30 DAYS OR LONGER EXITED WITH IMPROVEMENTS IN ONE OR BOTH OF THE TWO KEY MEASURES FOR BUILDING STABILITY - HOUSING, A SOURCE OF INCOME, OR BOTH. MENTAL HEALTH COUNSELING, DOMESTIC

4c (Code:) (Expenses \$ 991,670. including grants of \$) (Revenue \$ 900,218.) DOMESTIC VIOLENCE SHELTER AND COMMUNITY SERVICES - WE OPERATE A 20 BED SAFE HOUSE TO SHELTER WOMEN AND CHILDREN FLEEING DOMESTIC VIOLENCE. THIS YEAR THE SAFE HOUSE PROVIDED 6,408 NIGHTS OF SHELTER FOR 96 WOMEN AND 53 CHILDREN. ALL RESIDENTS ARE PROVIDED WITH THREE MEALS A DAY, SHOWERS AND LAUNDRY FACILITIES AS WELL AROUND THE CLOCK STAFFING TO ENSURE SAFETY. CASE MANAGEMENT AND CLINICAL SERVICES ARE GEARED TO HELP RESIDENTS BUILD FUTURES FREE FROM HOMELESSNESS AND FAMILY VIOLENCE AND INCLUDE PEER COUNSELING, SUPPORT GROUPS, AND EMPLOYMENT AND HOUSING ASSISTANCE. THE THERAPEUTIC CHILDREN'S PROGRAM PROVIDES ACTIVITIES FOR THE CHILDREN OF RESIDENTS. PARENTING GROUPS AND CLINICAL COUNSELING ARE ALSO PROVIDED. DOMESTIC VIOLENCE SUPPORT GROUPS WERE PROVIDED IN THE COMMUNITY TO OVER 160 VICTIMS AND WE TRAINED 30 DOMESTIC VIOLENCE

4d Other program services (Describe in Schedule O.) (Expenses \$ 85,091. including grants of \$) (Revenue \$ 11,324.)

4e Total program service expenses 3,214,111.

**CORNERSTONE COMMUNITY DEVELOPMENT
CORPORATION**

Form 990 (2015)

94-3100741 Page 3

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Form 990 (2015)

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	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.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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
1a Enter the number of voting members of the governing body at the end of the tax year	1a	10		
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.				
b Enter the number of voting members included in line 1a, above, who are independent	1b	10		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
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			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

			Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a			X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b			
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		X	
13 Did the organization have a written whistleblower policy?	13		X	
14 Did the organization have a written document retention and destruction policy?	14		X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a The organization's CEO, Executive Director, or top management official	15a		X	
b Other officers or key employees of the organization	15b		X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a			X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **ELIZABETH VARELA - (510)357-0205**
1395 BANCROFT AVENUE, SAN LEANDRO, CA, SAN LEANDRO, CA 94577

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GAYLE THOMAS DIRECTOR	1.00	X					95,000.	0.	0.	
(2) DENI ADANIYA DIRECTOR	1.00	X					0.	0.	0.	
(3) KINKINI BANERJEE DIRECTOR	1.00	X		X			0.	0.	0.	
(4) CARLA DARTIS DIRECTOR	1.00	X					0.	0.	0.	
(5) WHIT GRIFFINGER DIRECTOR	1.00	X					0.	0.	0.	
(6) ROB RICH DIRECTOR	1.00	X					0.	0.	0.	
(7) JEAN HOM DIRECTOR	1.00	X					0.	0.	0.	
(8) SHELLY ROMBOUGH DIRECTOR	1.00	X					0.	0.	0.	
(9) DEBORAH RAUCHER TREASURER	1.00			X			0.	0.	0.	
(10) PHILIP LADEW PRESIDENT	2.00			X			0.	0.	0.	

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Form 990 (2015)

94-3100741 Page 8

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							95,000.	0.	0.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							95,000.	0.	0.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Form 990 (2015)

94-3100741 Page 9

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	709,305.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		709,305.			
	Program Service Revenue	2 a	<u>GOVERNMENT CONTRACTS</u>	Business Code			
			624200	2,829,679.	2,829,679.		
b		<u>ASSET MANAGEMENT FEE</u>	624200	16,000.	16,000.		
c		<u>IHN REVENUE</u>	624200	11,734.	11,734.		
d		<u>FORGIVENESS OF DEBT</u>	624200	10,500.	10,500.		
e		<u>DOMESTIC VIOLENCE TRAI</u>	624200	3,400.	3,400.		
f		All other program service revenue					
g	Total. Add lines 2a-2f		2,871,313.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
			b	Less: rental expenses			
			c	Rental income or (loss)			
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b	Less: cost or other basis and sales expenses			
			c	Gain or (loss)			
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	70,379.			
			b	Less: direct expenses	14,160.		
c			Net income or (loss) from fundraising events		56,219.		
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses				
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue			Business Code				
11 a	<u>MISCELLANEOUS INCOME</u>	624200	741.	741.			
b	<u>FISCAL AGENCY FEE</u>	624200	500.	500.			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,241.				
12	Total revenue. See instructions.		3,638,078.	2,872,554.	0.	56,219.	

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Form 990 (2015)

94-3100741 Page 10

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	95,000.	56,454.	38,546.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,840,104.	1,609,686.	132,815.	97,603.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	251,805.	235,023.	13,096.	3,686.
10 Payroll taxes	179,711.	153,614.	16,937.	9,160.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	30,327.	1,300.	29,027.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	96,760.	73,497.	16,634.	6,629.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	215,705.	204,574.	9,013.	2,118.
17 Travel	20,612.	18,988.	1,048.	576.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	11,521.	20.	11,501.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	76,039.	71,303.	4,736.	
23 Insurance	27,167.	26,867.	300.	
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 O.)				
a DIRECT CLIENT ASSISTANC	456,344.	455,648.		696.
b SUPPLIES & FOOD	154,280.	134,389.	10,028.	9,863.
c OTHER EXPENSES	72,254.	38,562.	25,270.	8,422.
d DONATED GOODS	52,795.	52,795.		
e All other expenses	96,616.	81,391.	10,108.	5,117.
25 Total functional expenses. Add lines 1 through 24e	3,677,040.	3,214,111.	319,059.	143,870.
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)

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Form 990 (2015)

94-3100741 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	99,590.	1	145,839.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	480,018.	3	694,023.	
	4 Accounts receivable, net		4	300.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	35,037.	9	39,434.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,162,157.			
	b Less: accumulated depreciation	980,851.			
		1,257,345.	10c	1,181,306.	
	11 Investments - publicly traded securities			11	
	12 Investments - other securities. See Part IV, line 11			12	
	13 Investments - program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
15 Other assets. See Part IV, line 11	2,202.	15	1,338.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,874,192.	16	2,062,240.		
Liabilities	17 Accounts payable and accrued expenses	196,960.	17	235,470.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties	943,873.	23	933,373.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	151,440.	25	350,440.	
	26 Total liabilities. Add lines 17 through 25	1,292,273.	26	1,519,283.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	566,919.	27	519,957.	
	28 Temporarily restricted net assets	15,000.	28	23,000.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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 equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	581,919.	33	542,957.		
34 Total liabilities and net assets/fund balances	1,874,192.	34	2,062,240.		

Form 990 (2015)

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Form 990 (2015)

94-3100741 Page 12

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,638,078.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,677,040.
3	Revenue less expenses. Subtract line 2 from line 1	3	-38,962.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	581,919.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	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	542,957.

Part XII Financial Statements and Reporting

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

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

Form 990 (2015)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

CORNERSTONE COMMUNITY DEVELOPMENT

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	649,756.	617,968.	472,646.	511,275.	709,305.	2960950.
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	649,756.	617,968.	472,646.	511,275.	709,305.	2960950.
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)						278,631.
6 Public support. Subtract line 5 from line 4.						2682319.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	649,756.	617,968.	472,646.	511,275.	709,305.	2960950.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	32.	59.				91.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,993.	3,583.	3,167.	1,110.	1,241.	16,094.
11 Total support. Add lines 7 through 10						2977135.
12 Gross receipts from related activities, etc. (see instructions)					12	12,277,746.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	90.10 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	83.30 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. 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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
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.		

CORNERSTONE COMMUNITY DEVELOPMENT

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

CORNERSTONE COMMUNITY DEVELOPMENT

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

CORNERSTONE COMMUNITY DEVELOPMENT

Schedule A (Form 990 or 990-EZ) 2015 CORPORATION

94-3100741 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.)

Lined area for supplemental information.

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2015

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

Table with 3 columns: Contributor's Name, Total Contributions, Excess Contributions. Rows include ALAMEDA HOMELESS NETWORK, SAN FRANCISCO FOUNDATION, WALTER & ELISE HAAS FUND.

Total Excess Contributions to Schedule A, Part II, Line 5 278,631.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Employer identification number

94-3100741

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALAMEDA HOMELESS NETWORK P.O. BOX 951 ALAMEDA, CA 94501	\$ 85,860.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ABB OPTICAL 1750 NORTH LOOP #150 ALAMEDA, CA 94501	\$ 5,436.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	BLUE SHIELD OF CA 50 BEALE ST., 14TH FL SAN FRANCISCO, CA 94115	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WALTER & ELSIE HAAS (SENIOR) FUND ONE LOMBARD #305 SAN FRANCISCO, CA 94111	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	SAINT LEANDER CATHOLIC CHURCH 474 W. ESTUDILLO AVENUE SAN LEANDRO, CA 94577	\$ 16,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	COLEMAN FOUNDATION 2557 MERCED ST. #300 SAN LEANDRO, CA 94577	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	WELLS FARGO 794 DAVIS ST., 1ST FLOOR SAN LEANDRO, CA 94577	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	EVELYN & WALTER HAAS, JR. FOUNDATION 114 SANSOME ST., #600 SAN FRANCISCO, CA 94105	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	EDEN TOWNSHIP HEALTHCARE DISTRICT (ETHD) 20400 LAKE CHABOT ROAD #104 CASTRO VALLEY, CA 94546	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	LEE AND PERRY SMITH 117 HACIENDA DRIVE TIBURON, CA 94920	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	GILMORE FOUNDATION 1660 BUSH ST., #300 SAN FRANCISCO, CA 94109	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	WILKIN FOUNDATION P.O. BOX 7190 BERKELEY, CA 94707	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	STEPHEN AND MARY WILCOX 480 SAINT FRANCIS DR. DANVILLE, CA 94526	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	ST.JAMES LAW 155 MONTGOMERY ST STE 1004 SAN FRANCISCO, CA 94104	\$ 6,135.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	UNITED WAY 550 KEARNY STREET, SUITE 1000 SAN FRANCISCO, CA 94108	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	HAROLD WILLIAMS C/O 1395 BANCROFT AVE #13 SAN LEANDRO, CA 94577	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	EAST BAY COMMUNITY FOUNDATION 200 FRANK H OGAWA PLAZA OAKLAND, CA 94612	\$ 5,821.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	PEIFFER FOUNDATION C/O 1395 BANCROFT AVE #13 SAN LEANDRO, CA 94577	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

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

Employer identification number
94-3100741

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		86,400.		86,400.
b Buildings		1,007,772.	267,784.	739,988.
c Leasehold improvements		872,413.	543,114.	329,299.
d Equipment		195,572.	169,953.	25,619.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,181,306.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	350,000.
(3) CLIENT RENTAL ACCOUNT	440.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING COSTS

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING COSTS

CORNERSTONE COMMUNITY DEVELOPMENT

Schedule G (Form 990 or 990-EZ) 2015 **CORPORATION**

94-3100741 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		BUILT TO LAST FUNDRAIS (event type)	MISCELLANEOU COMMUNITY (event type)	NONE (total number)	
Revenue	1	Gross receipts	57,010.	13,369.	70,379.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	57,010.	13,369.	70,379.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	14,160.		14,160.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			14,160.
	11	Net income summary. Subtract line 10 from line 3, column (d)			56,219.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>CLOTHES TOYS</u>)	X	200	35,895.FMV	(MOST ITEMS ARE
26 Other ▶ (<u>DINNERS FOR H</u>)	X	265	16,900.12,844	MEALS AT \$3.6
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) (2015)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Employer identification number
94-3100741

FORM 990, PART I, DOING BUSINESS AS:

BUILDING FUTURES WITH WOMEN AND CHILDREN

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

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

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

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

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

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

EXPENSES \$ 85,091. INCLUDING GRANTS OF \$ 0. REVENUE \$ 11,324.

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

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

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

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

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

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

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

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

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

IN BOTH CASES, THE DIRECTORS PREPARE A WRITTEN DOCUMENT AUTHORIZING THE OPERATIONS MANAGER TO EFFECT THE CHANGE.

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

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

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

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

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

FORM 990, PART XII, LINE 2C

NO CHANGES HAVE BEEN MADE IN THE OVERSIGHT PROCESS.

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

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

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

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

BESSIE COLEMAN COURT, INC

PRIMARY ACTIVITY: TO PROVIDE FOOD, SHELTER AND SOCIAL SERVICES TO WOMEN

AND CHILDREN IN THE CO

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	PLAYGROUND EQUIPMENT	020191SL		5.00	16	8,059.			8,059.	8,059.		0.
2	COMPUTER PLAYGROUND EQUIPMENT	052092SL		5.00	16	704.			704.	704.		0.
3	EQUIPMENT	120192SL		5.00	16	455.			455.	455.		0.
4	FURNITURE	120192SL		5.00	16	2,531.			2,531.	2,531.		0.
5	COMPUTER EQUIPMENT LEASEHOLD	101593SL		5.00	16	5,009.			5,009.	5,009.		0.
6	IMPROVEMENTS	021595197		28M	43	14,500.			14,500.	14,500.		0.
7	COMPUTER - POWER MAC	031596SL		5.00	16	2,088.			2,088.	2,088.		0.
8	COMPUTER - PERFORMANCE	031596SL		5.00	16	1,910.			1,910.	1,910.		0.
9	LASER PRINTER	031596SL		5.00	16	1,258.			1,258.	1,258.		0.
10	DESK	121297SL		5.00	16	517.			517.	517.		0.
11	COMPUTER UPGRADES	011698SL		5.00	16	225.			225.	225.		0.
12	OFFICE CHAIR	050598SL		5.00	16	464.			464.	464.		0.
13	EQUIPMENT-IN KIND	011598SL		5.00	16	500.			500.	500.		0.
14	LEASEHOLD	080197197		60M	43	1,980.			1,980.	1,980.		0.
15	IMPROVEMENTS	083197197		60M	43	523.			523.	523.		0.
16	LEASEHOLD	103197197		60M	43	847.			847.	847.		0.
17	IMPROVEMENTS	011598197		60M	43	875.			875.	875.		0.
18	LEASEHOLD	053198197		12M	43	200.			200.	200.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	LEASEHOLD IMPROVEMENT	062698197	197	12M	43	161.			161.	161.		0.
20	LEASEHOLD IMPROVEMENT - FENCE	083198197	197	84M	43	845.			845.	845.		0.
21	COMPUTER PRINTER	031299SL		5.00	16	399.			399.	399.		0.
22	VAN - IN KIND	033199SL		5.00	16	18,048.			18,048.	18,048.		0.
23	EQUIPMENT	062899SL		5.00	16	191.			191.	191.		0.
24	COMPUTER - IN KIND	063099SL		5.00	16	3,000.			3,000.	3,000.		0.
25	COMPUTER - IN KIND	063099SL		5.00	16	2,700.			2,700.	2,700.		0.
26	EQUIPMENT - IN KIND	121599SL		5.00	16	3,200.			3,200.	3,200.		0.
27	EQUIPMENT	073199SL		5.00	16	1,786.			1,786.	1,785.		0.
28	LASER PRINTER	032200SL		3.00	16	1,126.			1,126.	1,126.		0.
29	BUILDING	072699SL		30.00	16	206,249.			206,249.	108,855.		6,875.
30	LAND	072699L				86,400.			86,400.			0.
31	WINDOWS OFFICE SOFTWARE	032900SL		3.00	16	1,144.			1,144.	1,144.		0.
32	EQUIPMENT	063001SL		5.00	16	1,180.			1,180.	1,180.		0.
33	DISHWASHER	060702SL		5.00	16	1,192.			1,192.	1,192.		0.
34	GAS RANGE	061702SL		5.00	16	4,543.			4,543.	4,543.		0.
35	GAS RANGE	061702SL		5.00	16	648.			648.	648.		0.
36	DISHWASHER	061702SL		5.00	16	1,171.			1,171.	1,171.		0.

528102 04-01-15
 (D) - Asset disposed
 * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	CARPET	061702SL		5.00	16	899.			899.	899.		0.
38	SHELTER IMPROVEMENT SMH BUILDING	012902SL		2.50	16	3,279.			3,279.	3,279.		0.
39	IMPROVEMENTS SMH BUILDING	050102SL		30.00	16	1,583.			1,583.	715.		53.
40	IMPROVEMENTS SMH BUILDING	051602SL		30.00	16	2,850.			2,850.	1,283.		95.
41	IMPROVEMENTS SMH BUILDING	012302SL		30.00	16	1,929.			1,929.	865.		64.
42	IMPROVEMENTS SMH BUILDING	021400SL		30.00	16	50,000.			50,000.	25,838.		1,667.
43	IMPROVEMENTS	021400SL		30.00	16	50,000.			50,000.	25,838.		1,667.
44	SHELTER IMPROVEMENT	033101SL		4.00	16	4,450.			4,450.	4,450.		0.
45	LAPTOP COMPUTER	080802SL		3.00	16	500.			500.	500.		0.
46	BUNKBEDS (2)	062603SL		5.00	16	1,212.			1,212.	1,212.		0.
47	COPIER ELECTRICAL	010503SL		5.00	16	2,000.			2,000.	2,000.		0.
48	IMPROVEMENTS	020303SL		10.00	16	1,060.			1,060.	1,060.		0.
49	SECURITY GATE LEASEHOLD	042103SL		5.00	16	10,150.			10,150.	10,150.		0.
50	IMPROVEMENTS	060503SL		10.00	16	18,228.			18,228.	18,228.		0.
51	SUMP PUMP	121102SL		5.00	16	3,125.			3,125.	3,125.		0.
52	FENCE IMPROVEMENT -	062403SL		30.00	16	1,225.			1,225.	512.		41.
53	INSTALL CLEANOUT	032703SL		30.00	16	1,203.			1,203.	500.		40.
54	IMPROVEMENT - SEWER	050103SL		30.00	16	3,989.			3,989.	1,662.		133.

528102
04-01-15

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	FINANCING CHARGES	072699	SL	30.00	16	17,820.			17,820.	9,504.		594.
56	OFFICE FURNITURE	082003	SL	5.00	16	3,405.			3,405.	3,405.		0.
57	OFFICE FURNITURE	082003	SL	5.00	16	8,897.			8,897.	8,897.		0.
58	CABINETS - 6 TELEPHONE	042404	SL	5.00	16	3,600.			3,600.	3,600.		0.
59	INSTALLATION LEASEHOLD	082603	SL	5.00	16	1,014.			1,014.	1,014.		0.
60	IMPROVEMENT	050104	SL	10.00	16	45,740.			45,740.	45,650.		0.
61	SEWER IMPROVEMENT	103003	SL	30.00	16	9,475.			9,475.	3,792.		316.
62	FIXTURES - SMH PROPERTY	032105	SL	10.00	16	5,250.			5,250.	5,250.		0.
63	INSPECTION-DONATED REMOVAL OF	033105	SL	10.00	16	1,500.			1,500.	1,500.		0.
64	FURNITURE COSTS LEASEHOLD	082003	SL	2.00	16	735.			735.	735.		0.
65	IMPROVEMENTS - SLS FURNITURE &	110105	SL	30.00	16	538,709.			538,709.	217,267.		21,818.
66	FIXTURES - BANCROFT FURNITURE &	091905	SL	5.00	16	2,393.			2,393.	2,393.		0.
67	FIXTURES - SLS LEASEHOLD	090605	SL	5.00	16	399.			399.	399.		0.
68	IMPROVEMENT - MIDWAY	111805	SL	5.00	16	1,385.			1,385.	1,385.		0.
69	IMPROVEMENT - SMH IMPROVEMENT -	111805	SL	5.00	16	1,876.			1,876.	1,876.		0.
70	MIDWAY FURNITURE &	041907	SL	7.00	16	119,090.			119,090.	119,090.		0.
71	FIXTURES - BANCROFT FURNITURE &	101007	SL	5.00	16	650.			650.	650.		0.
72	FIXTURES - BANCROFT	102907	SL	5.00	16	1,168.			1,168.	1,168.		0.

528102 04-01-15
 (D) - Asset disposed
 * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
 44.4

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	FURNITURE & FIXTURES - BANCROFT	020708SL		5.00	16	868.			868.	868.		0.
74	FURNITURE & FIXTURES - SMH	071007SL		5.00	16	952.			952.	952.		0.
75	FURNITURE & FIXTURES - SLS	123107SL		5.00	16	543.			543.	543.		0.
76	FURNITURE & FIXTURES - MIDWAY LEASEHOLD	041408SL		5.00	16	2,872.			2,872.	2,872.		0.
77	IMPROVEMENT - MIDWAY	050808SL		6.00	16	67,942.			67,942.	67,942.		0.
78	FURNITURE & FIXTURES - BANCROFT	071108SL		3.00	16	1,585.			1,585.	1,585.		0.
79	FURNITURE & FIXTURES - SMH	012209SL		5.00	16	917.			917.	914.		0.
80	VEHICLE	100909SL		5.00	16	17,500.			17,500.	17,500.		0.
81	FURNITURE & FIXTURES - SLS	051412SL		7.00	16	1,139.			1,139.	657.		163.
82	IT EQUIPMENT SMH BUILDING	031913SL		7.00	16	18,123.			18,123.	6,998.		2,589.
83	IMPROVEMENTS	063013SL		30.00	16	552,393.			552,393.	36,826.		18,413.
84	FURNITURE & FIXTURES - SMH LEASEHOLD	063013SL		5.00	16	33,416.			33,416.	13,367.		6,683.
85	IMPROVEMENTS - SLS LEASEHOLD	110812SL		10.00	16	3,440.			3,440.	860.		344.
86	IMPROVEMENTS - BANCROFT LEASEHOLD	020113SL		10.00	16	3,231.			3,231.	781.		323.
87	IMPROVEMENT - MIDWAY LEASEHOLD	112713SL		5.00	16	5,500.			5,500.	1,650.		1,100.
88	IMPROVEMENT - MIDWAY BLDG IMPROVEMENTS -	123113SL		5.00	16	25,000.			25,000.	7,500.		5,000.
89	RENOVATION	071213SL		30.00	16	106,819.			106,819.	6,973.		3,561.
90	VEHICLE - CHEVY VAN	070112SL		5.00	16	22,500.			22,500.	13,500.		4,500.

528102 04-01-15
 (D) - Asset disposed
 * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* TOTAL 990 PAGE 10 DEPR & AMORT					2162156.		0.	2162156.	904,812.	0.	76,039.

528102 04-01-15 (D) - Asset disposed * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2015

California Exempt Organization
Annual Information Return

199

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) 07/01/2015, and ending (mm/dd/yyyy) 06/30/2016

Corporation/Organization name
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

California corporation number
1616233

Additional information. See instructions.
FEIN
94-3100741

Street address (suite or room)
1395 BANCROFT AVENUE, NO. 13

PMB no.

City
SAN LEANDRO

State
CA

ZIP code
94577

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

A First Return Yes No

B Amended Return Yes No

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

D Final Information Return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy)

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

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

G Is this a group filing? See instructions Yes No

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

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

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

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

L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. Yes No

M Is the organization a Limited Liability Company? Yes No

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

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

P Is a federal Form 1023/1024 pending? Date filed with IRS Yes No

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

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	2,942,933.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	3	709,305.00
	4	Cost of goods sold	4	3,652,238.00
	5	Cost or other basis, and sales expenses of assets sold	5	00
	6	Total costs. Add line 5 and line 6	6	00
	7	Total gross income. Subtract line 7 from line 4	7	00
	8	Total gross income. Subtract line 7 from line 4	8	3,652,238.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,691,200.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-38,962.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	N/A 00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

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

Sign Here
Signature of officer **TAXPAYER'S COPY** Title **EXECUTIVE DIRE** Date **05/10/17** Telephone **925-357-0205**

Preparer's signature **Patricia A. Wintroath** Date **05/10/17** Check if self-employed PTIN **P00430440**

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

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

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

94-3100741

528951 11-25-15

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	70,379.00
	2	Interest	•	2	00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	00
	7	Other income	•	7	2,872,554.00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	2,942,933.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	95,000.00
	12	Other salaries and wages	•	12	1,840,104.00
	13	Interest	•	13	11,521.00
	14	Taxes	•	14	179,711.00
	15	Rents	•	15	215,705.00
	16	Depreciation and depletion (See instructions)	•	16	76,039.00
	17	Other Expenses and Disbursements	•	17	1,273,120.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,691,200.00

Schedule L Balance Sheets

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		99,590.		• 145,839.
2 Net accounts receivable				• 300.
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments				•
10 a Depreciable assets	2,075,757.		2,075,757.	
b Less accumulated depreciation	(904,812.)	1,170,945.	(980,851.)	1,094,906.
11 Land		86,400.		• 86,400.
12 Other assets STMT 5		517,257.		• 734,795.
13 Total assets		1,874,192.		• 2,062,240.
Liabilities and net worth				
14 Accounts payable		196,960.		• 235,470.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable		943,873.		• 933,373.
18 Other liabilities STMT 6		151,440.		• 350,440.
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		581,919.		• 542,957.
22 Total liabilities and net worth		1,874,192.		• 2,062,240.

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

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

1 Net income per books	• -38,962.	7 Income recorded on books this year not included in this return.	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•		
6 Total. Add line 1 through line 5	-38,962.	Subtract line 9 from line 6	-38,962.

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
ALAMEDA HOMELESS NETWORK	P.O. BOX 951 ALAMEDA, CA 94501	07/09/15	85,860.
ABB OPTICAL	1750 NORTH LOOP #150 ALAMEDA, CA 94501	04/11/16	5,436.
BLUE SHIELD OF CA	50 BEALE ST., 14TH FL SAN FRANCISCO, CA 94115	08/11/15	15,000.
WALTER & ELSIE HAAS (SENIOR) FUND	ONE LOMBARD #305 SAN FRANCISCO, CA 94111	08/21/15	30,000.
SAINT LEANDER CATHOLIC CHURCH	474 W. ESTUDILLO AVENUE SAN LEANDRO, CA 94577	12/18/15	16,500.
COLEMAN FOUNDATION	2557 MERCED ST. #300 SAN LEANDRO, CA 94577	12/01/15	8,000.
WELLS FARGO	794 DAVIS ST., 1ST FLOOR SAN LEANDRO, CA 94577	06/28/16	7,500.
EVELYN & WALTER HAAS, JR.FOUNDATION	114 SANSOME ST., #600 SAN FRANCISCO, CA 94105	12/15/15	10,000.
EDEN TOWNSHIP HEALTHCARE DISTRICT (ETHD)	20400 LAKE CHABOT ROAD #104 CASTRO VALLEY, CA 94546	02/10/16	10,000.
LEE AND PERRY SMITH	117 HACIENDA DRIVE TIBURON, CA 94920	11/23/15	5,000.
GILMORE FOUNDATION	1660 BUSH ST., #300 SAN FRANCISCO, CA 94109	12/07/15	15,000.
WILKIN FOUNDATION	P.O. BOX 7190 BERKELEY, CA 94707	04/14/16	10,000.
STEPHEN AND MARY WILCOX	480 SAINT FRANCIS DR. DANVILLE, CA 94526	01/04/16	5,000.
ST.JAMES LAW	155 MONTGOMERY ST STE 1004 SAN FRANCISCO, CA 94104	09/25/15	6,135.
UNITED WAY	550 KEARNY STREET, SUITE 1000 SAN FRANCISCO, CA 94108	06/16/16	30,000.
HAROLD WILLIAMS	C/O 1395 BANCROFT AVE #13 SAN LEANDRO, CA 94577	09/23/15	10,000.

CORNERSTONE COMMUNITY DEVELOPMENT CORPOR

94-3100741

EAST BAY COMMUNITY FOUNDATION	200 FRANK H OGAWA PLAZA OAKLAND, CA 94612	02/17/16	5,821.
PEIFFER FOUNDATION	C/O 1395 BANCROFT AVE #13 SAN LEANDRO, CA 94577	12/01/15	20,000.
TOTAL INCLUDED ON LINE 3			295,252.

FORM 199	OTHER INCOME	STATEMENT	2
----------	--------------	-----------	---

DESCRIPTION	AMOUNT
MISCELLANEOUS INCOME	741.
FISCAL AGENCY FEE	500.
GOVERNMENT CONTRACTS	2,829,679.
DOMESTIC VIOLENCE TRAIN	3,400.
ASSET MANAGEMENT FEE	16,000.
FORGIVENESS OF DEBT	10,500.
IHN REVENUE	11,734.
TOTAL TO FORM 199, PART II, LINE 7	2,872,554.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
GAYLE THOMAS 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	DIRECTOR 1.00	0.
DENI ADANIYA 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	DIRECTOR 1.00	0.
KINKINI BANERJEE 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	DIRECTOR 1.00	0.
CARLA DARTIS 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	DIRECTOR 1.00	0.
WHIT GRIFFINGER 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	DIRECTOR 1.00	0.
ROB RICH 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	DIRECTOR 1.00	0.
JEAN HOM 1395 BANCROFT AVENUE, NO. 13 SAN LEANDRO, CA 94577	DIRECTOR 1.00	0.
SHELLY ROMBOUGH 1395 BANCROFT AVENUE, NO. 13 SAN LEANDRO, CA 94577	DIRECTOR 1.00	0.
DEBORAH RAUCHER 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	TREASURER 1.00	0.
PHILIP LADEW 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	PRESIDENT 2.00	0.
ELIZABETH VARELA 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	EXECUTIVE DIRECTOR 40.00	0.

TOTAL TO FORM 199, PART II, LINE 11

0.

FORM 199	OTHER EXPENSES	STATEMENT	4
----------	----------------	-----------	---

DESCRIPTION	AMOUNT
DIRECT CLIENT ASSISTANC	456,344.
SUPPLIES & FOOD	154,280.
OTHER EXPENSES	72,254.
DONATED GOODS	52,795.
DIRECT EXPENSES OF FUNDRAISING EVENTS	14,160.
OTHER EMPLOYEE BENEFITS	251,805.
ACCOUNTING FEES	30,327.
OTHER PROFESSIONAL FEES	96,760.
TRAVEL	20,612.
INSURANCE	27,167.
ALL OTHER EXPENSES	96,616.
TOTAL TO FORM 199, PART II, LINE 17	1,273,120.

FORM 199	OTHER ASSETS	STATEMENT	5
----------	--------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	480,018.	694,023.
PREPAID EXPENSES AND DEFERRED CHARGES	35,037.	39,434.
DEPOSITS	2,202.	1,338.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	517,257.	734,795.

FORM 199	OTHER LIABILITIES	STATEMENT	6
----------	-------------------	-----------	---

DESCRIPTION	BEG. OF YEAR	END OF YEAR
LINE OF CREDIT	151,000.	350,000.
CLIENT RENTAL ACCOUNT	440.	440.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	151,440.	350,440.

FORM 199

FUND BALANCES

STATEMENT 7

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
UNRESTRICTED ASSETS	566,919.	519,957.
TEMPORARILY RESTRICTED ASSETS	15,000.	23,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	581,919.	542,957.

**Corporation Depreciation
and Amortization**

Attach to Form 100 or Form 100W.

FORM 199

FEIN 94-3100741

Corporation name

**CORNERSTONE COMMUNITY DEVELOPMENT
CORPORATION**

California corporation number

1616233

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	\$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
(a) Description of property (b) Cost (business use only) (c) Elected cost		
6		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2016. Add line 9 and line 10, less line 12	13	

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

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT 8		2,142,225.	884,881.				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	76,039.

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	76,039.
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	76,039.
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year	
19							
SEE STATEMENT 9		19,931.	19,931.				
20 Total. Add the amounts in column (g)						20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12						22	

CA 3885

DEPRECIATION

STATEMENT 8

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 PLAYGROUND EQUIPMENT	02/01/91	8,059.	8,059.	SL	5.00	0.	
2 COMPUTER	05/20/92	704.	704.	SL	5.00	0.	
3 PLAYGROUND EQUIPMENT	12/01/92	455.	455.	SL	5.00	0.	
4 FURNITURE	12/01/92	2,531.	2,531.	SL	5.00	0.	
5 COMPUTER EQUIPMENT	10/15/93	5,009.	5,009.	SL	5.00	0.	
7 COMPUTER - POWER MAC	03/15/96	2,088.	2,088.	SL	5.00	0.	
8 COMPUTER - PERFORMA	03/15/96	1,910.	1,910.	SL	5.00	0.	
9 LASER PRINTER	03/15/96	1,258.	1,258.	SL	5.00	0.	
10 DESK	12/12/97	517.	517.	SL	5.00	0.	
11 COMPUTER UPGRADES	01/16/98	225.	225.	SL	5.00	0.	
12 OFFICE CHAIR	05/05/98	464.	464.	SL	5.00	0.	
13 COMPUTER EQUIPMENT-IN KIND	01/15/98	500.	500.	SL	5.00	0.	
21 COMPUTER PRINTER	03/12/99	399.	399.	SL	5.00	0.	
22 VAN - IN KIND	03/31/99	18,048.	18,048.	SL	5.00	0.	
23 EQUIPMENT	06/28/99	191.	191.	SL	5.00	0.	
24 COMPUTER - IN KIND	06/30/99	3,000.	3,000.	SL	5.00	0.	
25 COMPUTER - IN KIND	06/30/99	2,700.	2,700.	SL	5.00	0.	
26 EQUIPMENT - IN KIND	12/15/99	3,200.	3,200.	SL	5.00	0.	
27 EQUIPMENT	07/31/99	1,786.	1,785.	SL	5.00	0.	
28 LASER PRINTER	03/22/00	1,126.	1,126.	SL	3.00	0.	
29 BUILDING	07/26/99	206,249.	108,855.	SL	30.00	6,875.	
30 LAND	07/26/99	86,400.		L		0.	
31 WINDOWS OFFICE SOFTWARE	03/29/00	1,144.	1,144.	SL	3.00	0.	

32	EQUIPMENT						
		06/30/01	1,180.	1,180.	SL	5.00	0.
33	DISHWASHER						
		06/07/02	1,192.	1,192.	SL	5.00	0.
34	GAS RANGE						
		06/17/02	4,543.	4,543.	SL	5.00	0.
35	GAS RANGE						
		06/17/02	648.	648.	SL	5.00	0.
36	DISHWASHER						
		06/17/02	1,171.	1,171.	SL	5.00	0.
37	CARPET						
		06/17/02	899.	899.	SL	5.00	0.
38	SHELTER IMPROVEMENT						
		01/29/02	3,279.	3,279.	SL	2.50	0.
39	SMH BUILDING IMPROVEMENTS						
		05/01/02	1,583.	715.	SL	30.00	53.
40	SMH BUILDING IMPROVEMENTS						
		05/16/02	2,850.	1,283.	SL	30.00	95.
41	SMH BUILDING IMPROVEMENTS						
		01/23/02	1,929.	865.	SL	30.00	64.
42	SMH BUILDING IMPROVEMENTS						
		02/14/00	50,000.	25,838.	SL	30.00	1,667.
43	SMH BUILDING IMPROVEMENTS						
		02/14/00	50,000.	25,838.	SL	30.00	1,667.
44	SHELTER IMPROVEMENT						
		03/31/01	4,450.	4,450.	SL	4.00	0.
45	LAPTOP COMPUTER						
		08/08/02	500.	500.	SL	3.00	0.
46	BUNKBEDS (2)						
		06/26/03	1,212.	1,212.	SL	5.00	0.
47	COPIER						
		01/05/03	2,000.	2,000.	SL	5.00	0.
48	ELECTRICAL IMPROVEMENTS						
		02/03/03	1,060.	1,060.	SL	10.00	0.
49	SECURITY GATE						
		04/21/03	10,150.	10,150.	SL	5.00	0.
50	LEASEHOLD IMPROVEMENTS						
		06/05/03	18,228.	18,228.	SL	10.00	0.
51	SUMP PUMP						
		12/11/02	3,125.	3,125.	SL	5.00	0.
52	FENCE						
		06/24/03	1,225.	512.	SL	30.00	41.
53	IMPROVEMENT - INSTALL CLEANOUT						
		03/27/03	1,203.	500.	SL	30.00	40.
54	IMPROVEMENT - SEWER						
		05/01/03	3,989.	1,662.	SL	30.00	133.
55	FINANCING CHARGES						
		07/26/99	17,820.	9,504.	SL	30.00	594.
56	OFFICE FURNITURE						
		08/20/03	3,405.	3,405.	SL	5.00	0.
57	OFFICE FURNITURE						
		08/20/03	8,897.	8,897.	SL	5.00	0.
58	CABINETS - 6						
		04/24/04	3,600.	3,600.	SL	5.00	0.

59	TELEPHONE INSTALLATION						
	08/26/03	1,014.	1,014.	SL	5.00	0.	
60	LEASEHOLD IMPROVEMENT						
	05/01/04	45,740.	45,650.	SL	10.00	0.	
61	SEWER IMPROVEMENT						
	10/30/03	9,475.	3,792.	SL	30.00	316.	
62	FIXTURES - SMH						
	03/21/05	5,250.	5,250.	SL	10.00	0.	
63	PROPERTY INSPECTION-DONATED						
	03/31/05	1,500.	1,500.	SL	10.00	0.	
64	REMOVAL OF FURNITURE COSTS						
	08/20/03	735.	735.	SL	2.00	0.	
65	LEASEHOLD IMPROVEMENTS -SLS						
	11/01/05	538,709.	217,267.	SL	30.00	21,818.	
66	FURNITURE & FIXTURES - BANCROFT						
	09/19/05	2,393.	2,393.	SL	5.00	0.	
67	FURNITURE & FIXTURES - SLS						
	09/06/05	399.	399.	SL	5.00	0.	
68	LEASEHOLD IMPROVEMENT - MIDWAY						
	11/18/05	1,385.	1,385.	SL	5.00	0.	
69	IMPROVEMENT - SMH						
	11/18/05	1,876.	1,876.	SL	5.00	0.	
70	IMPROVEMENT - MIDWAY						
	04/19/07	119,090.	119,090.	SL	7.00	0.	
71	FURNITURE & FIXTURES - BANCROFT						
	10/10/07	650.	650.	SL	5.00	0.	
72	FURNITURE & FIXTURES - BANCROFT						
	10/29/07	1,168.	1,168.	SL	5.00	0.	
73	FURNITURE & FIXTURES - BANCROFT						
	02/07/08	868.	868.	SL	5.00	0.	
74	FURNITURE & FIXTURES - SMH						
	07/10/07	952.	952.	SL	5.00	0.	
75	FURNITURE & FIXTURES - SLS						
	12/31/07	543.	543.	SL	5.00	0.	
76	FURNITURE & FIXTURES - MIDWAY						
	04/14/08	2,872.	2,872.	SL	5.00	0.	
77	LEASEHOLD IMPROVEMENT - MIDWAY						
	05/08/08	67,942.	67,942.	SL	6.00	0.	
78	FURNITURE & FIXTURES - BANCROFT						
	07/11/08	1,585.	1,585.	SL	3.00	0.	
79	FURNITURE & FIXTURES - SMH						
	01/22/09	917.	914.	SL	5.00	0.	
80	VEHICLE						
	10/09/09	17,500.	17,500.	SL	5.00	0.	
81	FURNITURE & FIXTURES - SLS						
	05/14/12	1,139.	657.	SL	7.00	163.	
82	IT EQUIPMENT						
	03/19/13	18,123.	6,998.	SL	7.00	2,589.	
83	SMH BUILDING IMPROVEMENTS						
	06/30/13	552,393.	36,826.	SL	30.00	18,413.	
84	FURNITURE & FIXTURES - SMH						
	06/30/13	33,416.	13,367.	SL	5.00	6,683.	
85	LEASEHOLD IMPROVEMENTS - SLS						
	11/08/12	3,440.	860.	SL	10.00	344.	

86	LEASEHOLD IMPROVEMENTS - BANCROFT	02/01/13	3,231.	781.	SL	10.00	323.
87	LEASEHOLD IMPROVEMENT - MIDWAY	11/27/13	5,500.	1,650.	SL	5.00	1,100.
88	LEASEHOLD IMPROVEMENT - MIDWAY	12/31/13	25,000.	7,500.	SL	5.00	5,000.
89	BLDG IMPROVEMENTS - RENOVATION	07/12/13	106,819.	6,973.	SL	30.00	3,561.
90	VEHICLE - CHEVY VAN	07/01/12	22,500.	13,500.	SL	5.00	4,500.
TOTAL DEPR TO FORM 3885			<u>2,142,225.</u>	<u>884,881.</u>			<u>76,039.</u>

CA 3885	AMORTIZATION					STATEMENT	9
---------	--------------	--	--	--	--	-----------	---

ASSET NO. / DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR AMORT	CODE SEC	LIFE	AMOR- TIZATION
6 LEASEHOLD IMPROVEMENTS	02/15/95	14,500.	14,500.	197	28M	0.
14 LEASEHOLD IMPROVEMENTS	08/01/97	1,980.	1,980.	197	60M	0.
15 LEASEHOLD IMPROVEMENTS	08/31/97	523.	523.	197	60M	0.
16 LEASEHOLD IMPROVEMENTS	10/31/97	847.	847.	197	60M	0.
17 LEASEHOLD IMPROVEMENTS	01/15/98	875.	875.	197	60M	0.
18 LEASEHOLD IMPROVEMENT	05/31/98	200.	200.	197	12M	0.
19 LEASEHOLD IMPROVEMENT	06/26/98	161.	161.	197	12M	0.
20 LEASEHOLD IMPROVEMENT - FENCE	08/31/98	845.	845.	197	84M	0.
TOTAL AMORTIZATION TO FORM 3885		<u>19,931.</u>	<u>19,931.</u>			<u>0.</u>

TAXABLE YEAR
2015

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION	Identifying number 94-3100741
--	---

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	3,652,238.00
2 Total gross income (Form 199, line 8)	2	3,652,238.00
3 Total expenses and disbursements (Form 199, line 9)	3	3,691,200.00

Part II Settle Your Account Electronically for Taxable Year 2015

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

Part III Banking Information (Have you verified the exempt organization's banking information?)

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

Part IV Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2015 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here	TAXPAYER'S COPY	EXECUTIVE DIRECTOR
Signature of officer	Date	Title

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

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2015 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's PTIN P00430440
	Firm's name (or yours if self-employed) and address				FEIN ZIP code
	PATRICIA A. WINTROATH, CPA				
	2121 N. CALIFORNIA BLVD., SUITE 290				94596
	WALNUT CREEK, CA				

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

Paid Preparer Must Sign	Paid preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Paid preparer's PTIN P00430440
	Firm's name (or yours if self-employed) and address			FEIN ZIP code
	<i>Patricia A. Wintroath</i>	5/10/17		
	PATRICIA A. WINTROATH, CPA			
	2121 N. CALIFORNIA BLVD., SUITE 290			94596
	WALNUT CREEK, CA			

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

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

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

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

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

State Charity Registration Number: <u>CT 067801</u> CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION <small>Name of Organization</small> <u>1395 BANCROFT AVENUE, NO. 13</u> <small>Address (Number and Street)</small> <u>SAN LEANDRO, CA 94577</u> <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>D-1616233</u> Federal Employer I.D. No. <u>94-3100741</u>
--	---

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

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

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2015 ending 06/30/2016) list:
 Gross annual revenue \$ 3,638,078 Total assets \$ 2,062,240.

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

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

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 10	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (510) 357-0205

Organization's e-mail address _____

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

TAXPAYER'S COPY	ELIZABETH VARELA	EXECUTIVE DIRECTOR
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>

FORM RRF-1

INFORMATION REGARDING GOVERNMENT FUNDING
PART B, LINE 6

STATEMENT 10

SEE STATEMENT ATTACHED

CORNERSTONE COMMUNITY DEVELOPMENT CORP

FEIN: 94-3100741
 YEAR ENDED JUNE 30, 2016

FORM RRF-1, LINE 6
 STATEMENT 11

Government Contracts	Contact	Agency	Address	Address 2	Phone
CAIWORKS - Behavioral Health Care Services	Steve Wong	Behavioral Health Care Services	2000 Embarcadero, Suite 302	Oakland, CA 94606	(510) 383-1587
CAIWORKS - Domestic Violence Services	Juliet Crosby	Family Violence Law Center	PO Box 22009	Oakland, CA 94623	(510) 208-0220
Community Housing and Shelter Services	Karen Obidah	Alameda County SSA	North County Self-Sufficiency Cntr, 2000 San Pablo Ave.	Oakland, CA 94612	(510) 267-8608
Domestic Violence Center Act, Shelter Services	Ramil Rivera	Alameda County SSA	North County Self-Sufficiency Cntr, 2000 San Pablo Ave.	Oakland, CA 94612	(510) 271-9165
Emergency Food and Shelter Program	Laura Escobar	Emergency Food and Shelter Program	550 Kearny, Suite 1000	San Francisco, CA 94108	(415) 808-4380
HHS Associated Community Action Program	Kristian Ongoco	AC-OCAP	150 Frank H. Ogawa Plaza, Ste 4340	Oakland, CA 94613	(510) 238-2272
Housing and Community Development - EHAP	Rebecca Matt	Department of HCD - EHAP	PO Box 952054	Sacramento, CA 94252-2054	(916) 324-6754
HUD Community Development Block Grant - Alameda	Claudia Young	City of Alameda	701 Atlantic Avenue	Alameda, CA 94501	(510) 747-4321
HUD Community Development Block Grant - San Leandro	Steve Hernandez	City of San Leandro	835 E. 14th Street	San Leandro, CA 94577	(510) 577-6005
HUD Supportive Housing Program - APC	Qassim Moon	Alameda Point Collaborative	677 W. Ranger	Alameda, CA 94501	(510) 898-7810
HUD Supportive Housing Program - Linkages	Riley Wilkerson	Alameda County CDA-HCD	224 West Winton Avenue, Rm. 108	Hayward, CA 94544-1215	(510) 670-9797
GAIDES Domestic Violence Assistance Program	Joimeiko Coulbourn	Office of Emergency Services	3650 Schriever Avenue	Mather, CA 95655	(916) 324-9222
SSA Community Projects Shelter Services	Karen Obidah	Alameda County SSA	North County Self-Sufficiency Cntr, 2000 San Pablo Ave.	Oakland, CA 94612	(510) 267-8608
Oakland - PATH	Christhelle Chatman	Department of HCD	150 Frank H. Ogawa Plaza, Ste 4340	Oakland, CA 94612	(510) 238-7537
Emergency Solutions Grant - State of CA	Catherine Kungu	Department of HCD	1800 Third Street - PO Box 952054	Sacramento, CA 94252-2054	(916) 323-0091
Emergency Solutions Grant - Oakland	Christhelle Chatman	City of Oakland	150 Frank H. Ogawa Plaza, Ste 4340	Oakland, CA 94612	(510) 238-7537
Emergency Solutions Grant - Alameda County	Linda Gardner	Alameda County CDA-HCD	224 West Winton Avenue, Rm. 108	Hayward, CA 94544-1215	(510) 670-9797
Emergency Solutions Grant - State HPRP	Janelle Schraake	Department of HCD	1800 Third Street - PO Box 952054	Sacramento, CA 94252-2054	(916) 263-2641
Supportive Services for Veterans Families	Jeni Finch	Abode Services	40849 Fremont Blvd	Fremont, CA 94538	(510) 270-1125
Family Reunification Housing Pilot Program	Linda Gardner	Alameda County CDA-HCD	224 West Winton Avenue, Rm. 108	Hayward, CA 94544-1215	(510) 670-9797