CLIENT'S COPY

MAY 14, 2018

CORNERSTONE COMMUNITY DEVELOPMENT
CORPORATION
1395 BANCROFT AVENUE NO. 13
SAN LEANDRO, CA 94577

DEAR LIZ,

ENCLOSED IS THE ORGANIZATION'S 2016 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION RETURN AND ANNUAL REPORT ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO MY OFFICE. I WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO ME BY MAY 15, 2018.

CALIFORNIA FORM 199 RETURN:

THE CALIFORNIA FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE FTB, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO MY OFFICE. I WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE FTB. DO NOT MAIL THE PAPER COPY OF THE RETURN TO THE FTB.

NO PAYMENT IS REQUIRED.

CALIFORNIA FORM RRF-1:

THE CALIFORNIA FORM RRF-1 SHOULD BE MAILED AS SOON AS POSSIBLE TO:

REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

ENCLOSE A CHECK OR MONEY ORDER FOR $150.00, PAYABLE TO ATTORNEY GENERAL REGISTRY OF CHARITABLE TRUSTS.

THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. I SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

PATRICIA A. WINTROATH

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2016, or fiscal year beginning JUL 1 , 2016, and ending JUN 30 , 20 17

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

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

OMB No. 1545-1878

2016

Name of exempt organization
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Employer identification number
94-3100741

Name and title of officer
ELIZABETH VARELA
EXECUTIVE DIRECTOR

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 ▶	X	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	4,396,197.
2a Form 990-EZ check here ▶		**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here ▶		**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here ▶		**b Tax based on investment income** (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here ▶		**b Balance Due** (Form 8868, line 3c)	**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 2016 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

[X] 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 2016 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 2016 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 ▶ ____________ 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 2016 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 ▶ ____________ Date ▶ 05/10/18

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

EXTENDED TO MAY 15, 2018

Form **990** | **Return of Organization Exempt From Income Tax** | OMB No. 1545-0047

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

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

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990.*

Department of the Treasury Internal Revenue Service

2016 Open to Public Inspection

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

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

C Name of organization
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Doing business as BUILDING FUTURES WITH WOMEN AND

Number and street (or P.O. box if mail is not delivered to street address): 1395 BANCROFT AVENUE — Room/suite: 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 $ 4,414,683.

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? [ ] Yes [X] No

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

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

J Website: ▶ BFWC.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1986 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

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

2 Check this box ▶ [ ] 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	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	94
6	Total number of volunteers (estimate if necessary)	6	162
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.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	709,305.	627,434.
	9	Program service revenue (Part VIII, line 2g)	2,871,313.	3,700,477.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,460.	68,286.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,638,078.	4,396,197.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,366,620.	2,518,787.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 161,184.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,310,420.	1,967,723.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,677,040.	4,486,510.
	19	Revenue less expenses. Subtract line 18 from line 12	-38,962.	-90,313.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,062,240.	2,145,166.
	21	Total liabilities (Part X, line 26)	1,519,283.	1,692,522.
	22	Net assets or fund balances. Subtract line 21 from line 20	542,957.	452,644.

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 — Date

▶ ELIZABETH VARELA, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
PATRICIA A. WINTROATH		05/10/18	X	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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,844,982. including grants of $) (Revenue $ 1,860,732.)

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 $ 1,092,142. including grants of $) (Revenue $ 949,103.)

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 BUILING STABILITY - HOUSING, A SOURCE OF INCOME, OR BOTH. MENTAL HEALTH COUNSELING, DOMESTIC

4c (Code:) (Expenses $ 897,377. including grants of $) (Revenue $ 801,777.)

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® PROGRAM PROVIDES ACTIVIES 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 $ 91,181. including grants of $) (Revenue $ 116,367.)

4e Total program service expenses ▶ 3,925,682.

SEE SCHEDULE O FOR CONTINUATION(S)

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4		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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		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? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		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? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

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	1a	73			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	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	2a	94			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		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*			3b		
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)?			4a		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?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
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?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
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?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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 [X]

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: 9		
	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: 9		
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.

[X] Own website [X] Another's website [X] 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

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) GAYLE THOMAS SECRETARY	2.00	X		X				0.	0.	0.
(2) DENI ADANIYA VICE PRESIDENT	2.00	X		X				0.	0.	0.
(3) CRISTI DUGGER DIRECTOR	2.00	X						0.	0.	0.
(4) CARLA DARTIS DIRECTOR	2.00	X						0.	0.	0.
(5) WHIT GRIFFINGER DIRECTOR	2.00	X						0.	0.	0.
(6) ROB RICH PRESIDENT	2.00	X		X				0.	0.	0.
(7) JEAN HOM DIRECTOR	2.00	X						0.	0.	0.
(8) SHELLY ROMBOUGH DIRECTOR	2.00	X						0.	0.	0.
(9) MIRIAM DELAGRANGE DIRECTOR	2.00	X						0.	0.	0.

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: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

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

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	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 627,434.				
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a-1f ▶		627,434.			
Program Service Revenue		Business Code				
	2 a GOVERNMENT CONTRACTS	624200	3,653,506.	3,653,506.		
	b ASSET MANAGEMENT FEE	624200	22,000.	22,000.		
	c IHN REVENUE	624200	12,760.	12,760.		
	d FORGIVENESS OF DEBT	624200	10,500.	10,500.		
	e DOMESTIC VIOLENCE TRAI	624200	1,711.	1,711.		
	f All other program service revenue					
	g **Total.** Add lines 2a-2f ▶		3,700,477.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶					
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6 a Gross rents					
	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 59,270.				
	b Less: direct expenses	b 18,486.				
	c Net income or (loss) from fundraising events ▶		40,784.			40,784.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	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	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Business Code				
	11 a MISCELLANEOUS INCOME	624200	27,002.	27,002.		
	b FISCAL AGENCY FEE	624200	500.	500.		
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d ▶		27,502.			
	12 **Total revenue.** See instructions. ▶		4,396,197.	3,727,979.	0.	40,784.

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	106,875.	69,469.	32,062.	5,344.
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	1,895,194.	1,673,825.	110,733.	110,636.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	335,712.	309,937.	21,843.	3,932.
10 Payroll taxes	181,006.	173,871.	-4,545.	11,680.
11 Fees for services (non-employees):				
a Management				
b Legal	2,343.	525.	1,818.	
c Accounting	27,503.		27,503.	
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.)	95,822.	58,184.	35,314.	2,324.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	224,132.	174,196.	46,871.	3,065.
17 Travel	18,199.	16,144.	1,814.	241.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	19,062.	8.	19,054.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	69,572.	71,264.	-1,692.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT CLIENT ASSISTANC	1,061,478.	1,061,478.		
b SUPPLIES & FOOD	138,280.	111,116.	16,530.	10,634.
c TEMPORARY STAFFING	79,057.	39,836.	39,221.	
d DONATED GOODS	72,104.	72,104.		
e All other expenses	160,171.	93,725.	53,118.	13,328.
25 **Total functional expenses.** Add lines 1 through 24e	4,486,510.	3,925,682.	399,644.	161,184.
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)				

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	145,839.	1	256,218.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	694,023.	3	643,503.
	4	Accounts receivable, net	300.	4	3,479.
	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	39,434.	9	16,793.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 2,162,158.			
	b	Less: accumulated depreciation — 10b: 1,050,424.	1,181,306.	10c	1,111,734.
	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	1,338.	15	113,439.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	2,062,240.	16	2,145,166.
Liabilities	17	Accounts payable and accrued expenses	235,470.	17	327,655.
	18	Grants payable		18	
	19	Deferred revenue		19	41,554.
	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	933,373.	23	922,873.
	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	350,440.	25	400,440.
	26	**Total liabilities.** Add lines 17 through 25	1,519,283.	26	1,692,522.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	519,957.	27	434,644.
	28	Temporarily restricted net assets	23,000.	28	18,000.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] 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	542,957.	33	452,644.
	34	Total liabilities and net assets/fund balances	2,062,240.	34	2,145,166.

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	4,396,197.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,486,510.
3	Revenue less expenses. Subtract line 2 from line 1	3	-90,313.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	542,957.
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	452,644.

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: ☐ Cash ☒ Accrual ☐ 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?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	3b	X	

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
2016
Open to Public Inspection

Name of the organization CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Employer identification number 94-3100741

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ....

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

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

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	617,968.	472,646.	511,275.	709,305.	627,434.	2938628.
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	617,968.	472,646.	511,275.	709,305.	627,434.	2938628.
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)						116,447.
6 **Public support.** Subtract line 5 from line 4.						2822181.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	617,968.	472,646.	511,275.	709,305.	627,434.	2938628.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	59.					59.
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.)	3,583.	3,167.	1,110.	1,241.	27,356.	36,457.
11 **Total support.** Add lines 7 through 10						2975144.

12 Gross receipts from related activities, etc. (see instructions) ..... 12 | 13,468,441.

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** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) ..... 14 | 94.86 %

15 Public support percentage from 2015 Schedule A, Part II, line 14 ..... 15 | 90.10 %

16a **33 1/3% support test - 2016.** 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 ▶ ☒

b **33 1/3% support test - 2015.** 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 ▶ ☐

17a **10% -facts-and-circumstances test - 2016.** 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 ▶ ☐

b **10% -facts-and-circumstances test - 2015.** 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 ▶ ☐

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 ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** 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 - 2015.** 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

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

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

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 2016 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-2016	**(iii)** Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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.)

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION 94-3100741

Schedule A **Identification of Excess Contributions Included on Part II, Line 5** **2016**

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ALAMEDA HOMELESS NETWORK	175,950.	116,447.

Total Excess Contributions to Schedule A, Part II, Line 5 .... 116,447.

623171 04-01-16

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

2016

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	[X] 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

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

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

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

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

Name of organization
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Employer identification number
94-3100741

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALAMEDA HOMELESS NETWORK 921 BROADWAY ALAMEDA, CA 94501	$ 80,095.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	MICHAEL AND NANCY PRETTO 775 BRIDGE ROAD SAN LEANDRO, CA 94577	$ 5,710.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	BERNARD E & ALBA WITKIN CHARITABLE FOUNDATION 2740 SHASTA ROAD BERKELEY, CA 94708	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	BLUE SHIELD OF CA 50 BEALE ST., 14TH FL SAN FRANCISCO, CA 94115	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	CHILDRENS SUPPORT LEAGUE 6114 LA SALLE PMB187 OAKLAND, CA 94611	$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	WALTER & ELSIE HAAS FUND ONE LOMBARD #305 SAN FRANCISCO, CA 94111	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION	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	SAINT LEANDER CATHOLIC CHURCH 474 W. ESTUDILLO AVENUE SAN LEANDRO, CA 94577	$ 19,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	STERLING BANK & TRUST ONE TOWNE SQUAREM #1900 SOUTHFIELD, MI 48076	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	CLARENCE & JOAN COLEMAN FOUNDATION 5530 FERNHOFF ROAD OAKLAND, CA 94619	$ 8,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	WESTERN DIGITAL /WD FOUNDATION 3355 MICHELSON DRIVE IRVINE, CA 92612	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	JEANNE & MICHAEL WILLIAMS 725 ST. MARYS ROAD LAFAYETTE, CA 94549	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	EVELYN & WALTER HAAS, JR.FOUNDATION 114 SANSOME ST., #600 SAN FRANCISCO, CA 94105	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION	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	EDEN TOWNSHIP HEALTH DISTRICT 20400 LAKE CHABOT ROAD #104 CASTRO VALLEY, CA 94546	$ 15,839.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	PENUMBRA INC. 1321 HARBOR BAY PARKWAY ALAMEDA, CA 94501	$ 8,207.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	WILLIAM G.GILMORE FOUNDATION 1660 BUSH ST., #300 SAN FRANCISCO, CA 94109	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	KAISER PERMANENTE EAST BAY 2401 MERCED STREET, #100 SAN LEANDRO, CA 94577	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	PERRY & LEE SMITH 117 HACIENDA DRIVE TIBURON, CA 94920	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	WAYNE & GLADYS VALLEY FOUNDATION 1939 HARRISON STREET, SUITE 510 OAKLAND, CA 94612	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION	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
19	SUNLIGHT GIVING 855 EL CAMINO REAL, BLDG 4, #250 PALO ALTO, CA 94301	$ 75,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	EPISCOPAL IMPACT FUND 1055 TAYLOR STREET SAN FRANCISCO, CA 94108	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	EAST BAY COMMUNITY FOUNDATION 200 FRANK H OGAWA PLAZA OAKLAND, CA 94612	$ 5,567.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	PINPOINT FOUNDATION 855 EL CAMINO REAL, BLDG 4, #250 PALO ALTO, CA 94301	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION	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
		$	

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

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

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

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

(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
2016
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? ☐ Yes ☐ 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		86,400.		86,400.
b Buildings		1,007,772.	298,698.	709,074.
c Leasehold improvements		872,413.	567,838.	304,575.
d Equipment		195,573.	183,888.	11,685.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				1,111,734.

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) DUE FROM SUBSIDIARY	113,439.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	113,439.

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	400,000.
(3) CLIENT RENTAL ACCOUNT	440.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	400,440.

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	4,441,467.
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	26,784.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	18,486.		
e	Add lines **2a** through **2d**			2e	45,270.
3	Subtract line **2e** from line **1**			3	4,396,197.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	4,396,197.

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	4,531,780.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	26,784.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	18,486.		
e	Add lines **2a** through **2d**			2e	45,270.
3	Subtract line **2e** from line **1**			3	4,486,510.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	4,486,510.

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 18,486.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING COSTS 18,486.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2016
Open to Public Inspection

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

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

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

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

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

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

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

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

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 BUILT TO LAST FUNDRAIS (event type)	(b) Event #2 MISCELLANEOUS COMMUNITY (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	52,760.	6,510.		59,270.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	52,760.	6,510.		59,270.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	18,486.			18,486.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				18,486.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				40,784.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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: ____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility ..... 13a ____ %

b An outside facility ..... 13b ____ %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ____

Address ▶ ____

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

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

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

Name ▶ ____

Address ▶ ____

16 Gaming manager information:

Name ▶ ____

Gaming manager compensation ▶ $ ____

Description of services provided ▶ ____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Part IV Supplemental Information *(continued)*

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ 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.*

OMB No. 1545-0047

2016

Open To Public Inspection

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 ▶ (CLOTHES TOYS)	X	200	41,425.	FMV (MOST ITEMS ARE
26	Other ▶ (DINNERS FOR H)	X	365	30,679.	12,800 MEALS AT APPR
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 isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization	Employer identification number
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION	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® 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 TRANSTIONAL 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 RAPILDY 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 $ 91,181. INCLUDING GRANTS OF $ 0. REVENUE $ 116,367.

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

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

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

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

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

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

THE BOARD OF DIRECTORS HIRES THE EXECUTIVE DIRECTOR, DETERMINING 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.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Employer identification number 94-3100741

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule R (Form 990) 2016**

SEE PART VII FOR CONTINUATIONS

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

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

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

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

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.		Yes	No
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?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c		X
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		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 VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

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

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

2016 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	PLAYGROUND EQUIPMENT	02/01/91	SL	5.00		16	8,059.				8,059.	8,059.		0.	8,059.
2	COMPUTER	05/20/92	SL	5.00		16	704.				704.	704.		0.	704.
3	PLAYGROUND EQUIPMENT	12/01/92	SL	5.00		16	455.				455.	455.		0.	455.
4	FURNITURE	12/01/92	SL	5.00		16	2,531.				2,531.	2,531.		0.	2,531.
5	COMPUTER EQUIPMENT	10/15/93	SL	5.00		16	5,009.				5,009.	5,009.		0.	5,009.
6	LEASEHOLD IMPROVEMENTS	02/15/95	197	28M	HY	43	14,500.				14,500.	14,500.		0.	14,500.
7	COMPUTER - POWER MAC	03/15/96	SL	5.00		16	2,088.				2,088.	2,088.		0.	2,088.
8	COMPUTER - PERFORMA	03/15/96	SL	5.00		16	1,910.				1,910.	1,910.		0.	1,910.
9	LASER PRINTER	03/15/96	SL	5.00		16	1,258.				1,258.	1,258.		0.	1,258.
10	DESK	12/12/97	SL	5.00		16	517.				517.	517.		0.	517.
11	COMPUTER UPGRADES	01/16/98	SL	5.00		16	225.				225.	225.		0.	225.
12	OFFICE CHAIR	05/05/98	SL	5.00		16	464.				464.	464.		0.	464.
13	COMPUTER EQUIPMENT-IN KIND	01/15/98	SL	5.00		16	500.				500.	500.		0.	500.
14	LEASEHOLD IMPROVEMENTS	08/01/97	197	60M	HY	43	1,980.				1,980.	1,980.		0.	1,980.
15	LEASEHOLD IMPROVEMENTS	08/31/97	197	60M	HY	43	523.				523.	523.		0.	523.
16	LEASEHOLD IMPROVEMENTS	10/31/97	197	60M	HY	43	847.				847.	847.		0.	847.
17	LEASEHOLD IMPROVEMENTS	01/15/98	197	60M	HY	43	875.				875.	875.		0.	875.
18	LEASEHOLD IMPROVEMENT	05/31/98	197	12M	HY	43	200.				200.	200.		0.	200.

628111 04-01-16

(D) - Asset disposed

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

2016 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	LEASEHOLD IMPROVEMENT	06/26/98	197	12M	HY	43	161.				161.	161.		0.	161.
20	LEASEHOLD IMPROVEMENT - FENCE	08/31/98	197	84M	HY	43	845.				845.	845.		0.	845.
21	COMPUTER PRINTER	03/12/99	SL	5.00		16	399.				399.	399.		0.	399.
22	VAN - IN KIND	03/31/99	SL	5.00		16	18,048.				18,048.	18,048.		0.	18,048.
23	EQUIPMENT	06/28/99	SL	5.00		16	191.				191.	191.		0.	191.
24	COMPUTER - IN KIND	06/30/99	SL	5.00		16	3,000.				3,000.	3,000.		0.	3,000.
25	COMPUTER - IN KIND	06/30/99	SL	5.00		16	2,700.				2,700.	2,700.		0.	2,700.
26	EQUIPMENT - IN KIND	12/15/99	SL	5.00		16	3,200.				3,200.	3,200.		0.	3,200.
27	EQUIPMENT	07/31/99	SL	5.00		16	1,786.				1,786.	1,785.		0.	1,785.
28	LASER PRINTER	03/22/00	SL	3.00		16	1,126.				1,126.	1,126.		0.	1,126.
29	BUILDING	07/26/99	SL	30.00		16	206,250.				206,250.	115,731.		6,875.	122,606.
30	LAND	07/26/99	L				86,400.				86,400.			0.	
31	WINDOWS OFFICE SOFTWARE	03/29/00	SL	3.00		16	1,144.				1,144.	1,144.		0.	1,144.
32	EQUIPMENT	06/30/01	SL	5.00		16	1,180.				1,180.	1,180.		0.	1,180.
33	DISHWASHER	06/07/02	SL	5.00		16	1,192.				1,192.	1,192.		0.	1,192.
34	GAS RANGE	06/17/02	SL	5.00		16	4,543.				4,543.	4,543.		0.	4,543.
35	GAS RANGE	06/17/02	SL	5.00		16	648.				648.	648.		0.	648.
36	DISHWASHER	06/17/02	SL	5.00		16	1,171.				1,171.	1,171.		0.	1,171.

628111 04-01-16

(D) - Asset disposed

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

2016 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	CARPET	06/17/02	SL	5.00		16	899.				899.	899.		0.	899.
38	SHELTER IMPROVEMENT	01/29/02	SL	2.50		16	3,279.				3,279.	3,279.		0.	3,279.
39	SMH BUILDING IMPROVEMENTS	05/01/02	SL	30.00		16	1,583.				1,583.	768.		53.	821.
40	SMH BUILDING IMPROVEMENTS	05/16/02	SL	30.00		16	2,850.				2,850.	1,378.		95.	1,473.
41	SMH BUILDING IMPROVEMENTS	01/23/02	SL	30.00		16	1,929.				1,929.	929.		64.	993.
42	SMH BUILDING IMPROVEMENTS	02/14/00	SL	30.00		16	50,000.				50,000.	27,505.		1,667.	29,172.
43	SMH BUILDING IMPROVEMENTS	02/14/00	SL	30.00		16	50,000.				50,000.	27,505.		1,667.	29,172.
44	SHELTER IMPROVEMENT	03/31/01	SL	4.00		16	4,450.				4,450.	4,450.		0.	4,450.
45	LAPTOP COMPUTER	08/08/02	SL	3.00		16	500.				500.	500.		0.	500.
46	BUNKBEDS (2)	06/26/03	SL	5.00		16	1,212.				1,212.	1,212.		0.	1,212.
47	COPIER	01/05/03	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
48	ELECTRICAL IMPROVEMENTS	02/03/03	SL	10.00		16	1,060.				1,060.	1,060.		0.	1,060.
49	SECURITY GATE	04/21/03	SL	5.00		16	10,150.				10,150.	10,150.		0.	10,150.
50	LEASEHOLD IMPROVEMENTS	06/05/03	SL	10.00		16	18,228.				18,228.	18,228.		0.	18,228.
51	SUMP PUMP	12/11/02	SL	5.00		16	3,125.				3,125.	3,125.		0.	3,125.
52	FENCE	06/24/03	SL	30.00		16	1,225.				1,225.	553.		41.	594.
53	IMPROVEMENT - INSTALL CLEANOUT	03/27/03	SL	30.00		16	1,203.				1,203.	540.		40.	580.
54	IMPROVEMENT - SEWER	05/01/03	SL	30.00		16	3,989.				3,989.	1,795.		133.	1,928.

628111 04-01-16

(D) - Asset disposed

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

2016 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	FINANCING CHARGES	07/26/99	SL	30.00		16	17,820.				17,820.	10,098.		594.	10,692.
56	OFFICE FURNITURE	08/20/03	SL	5.00		16	3,405.				3,405.	3,405.		0.	3,405.
57	OFFICE FURNITURE	08/20/03	SL	5.00		16	8,897.				8,897.	8,897.		0.	8,897.
58	CABINETS - 6	04/24/04	SL	5.00		16	3,600.				3,600.	3,600.		0.	3,600.
59	TELEPHONE INSTALLATION	08/26/03	SL	5.00		16	1,014.				1,014.	1,014.		0.	1,014.
60	LEASEHOLD IMPROVEMENT	05/01/04	SL	10.00		16	45,740.				45,740.	45,650.		0.	45,650.
61	SEWER IMPROVEMENT	10/30/03	SL	30.00		16	9,475.				9,475.	4,108.		316.	4,424.
62	FIXTURES - SMH	03/21/05	SL	10.00		16	5,250.				5,250.	5,250.		0.	5,250.
63	PROPERTY INSPECTION-DONATED	03/31/05	SL	10.00		16	1,500.				1,500.	1,500.		0.	1,500.
64	REMOVAL OF FURNITURE COSTS	08/20/03	SL	2.00		16	735.				735.	735.		0.	735.
65	LEASEHOLD IMPROVEMENTS -SLS	11/01/05	SL	30.00		16	538,709.				538,709.	239,085.		17,957.	257,042.
66	FURNITURE & FIXTURES - BANCROFT	09/19/05	SL	5.00		16	2,393.				2,393.	2,393.		0.	2,393.
67	FURNITURE & FIXTURES - SLS	09/06/05	SL	5.00		16	399.				399.	399.		0.	399.
68	LEASEHOLD IMPROVEMENT - MIDWAY	11/18/05	SL	5.00		16	1,385.				1,385.	1,385.		0.	1,385.
69	IMPROVEMENT - SMH	11/18/05	SL	5.00		16	1,876.				1,876.	1,876.		0.	1,876.
70	IMPROVEMENT - MIDWAY	04/19/07	SL	7.00		16	119,090.				119,090.	119,090.		0.	119,090.
71	FURNITURE & FIXTURES - BANCROFT	10/10/07	SL	5.00		16	650.				650.	650.		0.	650.
72	FURNITURE & FIXTURES - BANCROFT	10/29/07	SL	5.00		16	1,168.				1,168.	1,168.		0.	1,168.

628111 04-01-16

(D) - Asset disposed

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

2016 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
73	FURNITURE & FIXTURES - BANCROFT	02/07/08	SL	5.00		16	868.				868.	868.		0.	868.
74	FURNITURE & FIXTURES - SMH	07/10/07	SL	5.00		16	952.				952.	952.		0.	952.
75	FURNITURE & FIXTURES - SLS	12/31/07	SL	5.00		16	543.				543.	543.		0.	543.
76	FURNITURE & FIXTURES - MIDWAY	04/14/08	SL	5.00		16	2,872.				2,872.	2,872.		0.	2,872.
77	LEASEHOLD IMPROVEMENT - MIDWAY	05/08/08	SL	6.00		16	67,942.				67,942.	67,942.		0.	67,942.
78	FURNITURE & FIXTURES - BANCROFT	07/11/08	SL	3.00		16	1,585.				1,585.	1,585.		0.	1,585.
79	FURNITURE & FIXTURES - SMH	01/22/09	SL	5.00		16	917.				917.	914.		0.	914.
80	VEHICLE	10/09/09	SL	5.00		16	17,500.				17,500.	17,500.		0.	17,500.
81	FURNITURE & FIXTURES - SLS	05/14/12	SL	7.00		16	1,139.				1,139.	820.		163.	983.
82	IT EQUIPMENT	03/19/13	SL	7.00		16	18,123.				18,123.	9,587.		2,589.	12,176.
83	SMH BUILDING IMPROVEMENTS	06/30/13	SL	30.00		16	552,394.				552,394.	55,239.		15,807.	71,046.
84	FURNITURE & FIXTURES - SMH	06/30/13	SL	5.00		16	33,416.				33,416.	20,050.		6,683.	26,733.
85	LEASEHOLD IMPROVEMENTS - SLS	11/08/12	SL	10.00		16	3,440.				3,440.	1,204.		344.	1,548.
86	LEASEHOLD IMPROVEMENTS - BANCROFT	02/01/13	SL	10.00		16	3,231.				3,231.	1,104.		323.	1,427.
87	LEASEHOLD IMPROVEMENT - MIDWAY	11/27/13	SL	5.00		16	5,500.				5,500.	2,750.		1,100.	3,850.
88	LEASEHOLD IMPROVEMENT - MIDWAY	12/31/13	SL	5.00		16	25,000.				25,000.	12,500.		5,000.	17,500.
89	BLDG IMPROVEMENTS - RENOVATION	07/12/13	SL	30.00		16	106,819.				106,819.	10,534.		3,561.	14,095.
90	VEHICLE - CHEVY VAN	07/01/12	SL	5.00		16	22,500.				22,500.	18,000.		4,500.	22,500.

(D) - Asset disposed

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

2016 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	* TOTAL 990 PAGE 10 DEPR & AMORT						2,162,158.				2,162,158.	980,852.		69,572.	1,050,424.

628111 04-01-16

(D) - Asset disposed

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

Form **8868** (Rev. January 2017) Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868*.**

Electronic filing *(e-file)*. You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print — File by the due date for filing your return. See instructions.

Name of exempt organization or other filer, see instructions.
CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION

Employer identification number (EIN) or
94-3100741

Number, street, and room or suite no. If a P.O. box, see instructions.
1395 BANCROFT AVENUE, NO. 13

Social security number (SSN)

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
SAN LEANDRO, CA 94577

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ ELIZABETH VARELA - 1395 BANCROFT AVENUE, SAN LEANDRO, CA - SAN LEANDRO, CA 94577

  Telephone No. ▶ (510)357-0205 Fax No. ▶ (510)357-0688
- If the organization does not have an office or place of business in the United States, check this box .... ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2018 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year ______ or

▶ ☒ tax year beginning JUL 1, 2016 , and ending JUN 30, 2017 .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$ 0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAXABLE YEAR **2016**

California Exempt Organization Annual Information Return

FORM **199**

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) 07/01/2016 , and ending (mm/dd/yyyy) 06/30/2017 .

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 ☐ Yes ☒ No
If "Yes," what is the parent's name?

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

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

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

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

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? ☐ Yes ☒ No
Date filed with IRS

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	3,787,249. 00
	2	Gross dues and assessments from members and affiliates ●	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1 ●	3	627,434. 00
	4	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 ●	4	4,414,683. 00
	5	Cost of goods sold ●	5	00
	6	Cost or other basis, and sales expenses of assets sold ●	6	00
	7	Total costs. Add line 5 and line 6	7	00
	8	Total gross income. Subtract line 7 from line 4 ●	8	4,414,683. 00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18 ●	9	4,504,996. 00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●	10	-90,313. 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

Sign Here

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.

Signature of officer ▶ Title EXECUTIVE DIRE Date ● Telephone 925-357-0205

Paid Preparer's Use Only

Preparer's signature ▶ Date 05/10/18 Check if self-employed ▶ ☒ ● PTIN P00430440

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

● FEIN

● 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

628951 11-30-16

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	59,270. 00
	2	Interest	2	00
	3	Dividends	3	00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See Instructions)	6	00
	7	Other income SEE STATEMENT 2	7	3,727,979. 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	3,787,249. 00
Expenses and Disburse-ments	9	Contributions, gifts, grants, and similar amounts paid	9	00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	11	106,875. 00
	12	Other salaries and wages	12	1,895,194. 00
	13	Interest	13	19,062. 00
	14	Taxes	14	181,006. 00
	15	Rents	15	224,132. 00
	16	Depreciation and depletion (See instructions)	16	69,572. 00
	17	Other Expenses and Disbursements SEE STATEMENT 4	17	2,009,155. 00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	4,504,996. 00

Schedule L **Balance Sheet**

	Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)
1 Cash		145,839.		256,218.
2 Net accounts receivable		300.		3,479.
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.		2,075,758.	
b Less accumulated depreciation	(980,851.)	1,094,906.	(1,050,424.)	1,025,334.
11 Land		86,400.		86,400.
12 Other assets STMT 5		734,795.		773,735.
13 **Total assets**		2,062,240.		2,145,166.
Liabilities and net worth				
14 Accounts payable		235,470.		327,655.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable		933,373.		922,873.
18 Other liabilities STMT 6		350,440.		441,994.
19 Capital stock or principal fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		542,957.		452,644.
22 **Total liabilities and net worth**		2,062,240.		2,145,166.

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	-90,313.	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. Subtract line 9 from line 6	-90,313.
5 Expenses recorded on books this year not deducted in this return			
6 Total. Add line 1 through line 5	-90,313.		

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	921 BROADWAY ALAMEDA, CA 94501	04/21/17	80,095.
MICHAEL AND NANCY PRETTO	775 BRIDGE ROAD SAN LEANDRO, CA 94577	04/05/17	5,710.
BERNARD E & ALBA WITKIN CHARITABLE FOUNDATION	2740 SHASTA ROAD BERKELEY, CA 94708	05/10/17	10,000.
BLUE SHIELD OF CA	50 BEALE ST., 14TH FL SAN FRANCISCO, CA 94115	12/22/16	15,000.
CHILDRENS SUPPORT LEAGUE	6114 LA SALLE PMB187 OAKLAND, CA 94611	07/15/16	8,000.
WALTER & ELSIE HAAS FUND	ONE LOMBARD #305 SAN FRANCISCO, CA 94111	04/05/17	30,000.
SAINT LEANDER CATHOLIC CHURCH	474 W. ESTUDILLO AVENUE SAN LEANDRO, CA 94577	06/30/17	19,500.
STERLING BANK & TRUST	ONE TOWNE SQUAREM #1900 SOUTHFIELD, MI 48076	01/23/17	5,000.
CLARENCE & JOAN COLEMAN FOUNDATION	5530 FERNHOFF ROAD OAKLAND, CA 94619	01/04/17	8,000.
WESTERN DIGITAL /WD FOUNDATION	3355 MICHELSON DRIVE IRVINE, CA 92612	11/16/16	5,000.
JEANNE & MICHAEL WILLIAMS	725 ST. MARYS ROAD LAFAYETTE, CA 94549	05/19/17	10,000.
EVELYN & WALTER HAAS, JR.FOUNDATION	114 SANSOME ST., #600 SAN FRANCISCO, CA 94105	01/13/17	10,000.
EDEN TOWNSHIP HEALTH DISTRICT	20400 LAKE CHABOT ROAD #104 CASTRO VALLEY, CA 94546	05/21/17	15,839.
PENUMBRA INC.	1321 HARBOR BAY PARKWAY ALAMEDA, CA 94501	02/17/17	8,207.
WILLIAM G.GILMORE FOUNDATION	1660 BUSH ST., #300 SAN FRANCISCO, CA 94109	12/21/16	30,000.
KAISER PERMANENTE EAST BAY	2401 MERCED STREET, #100 SAN LEANDRO, CA 94577	05/10/17	5,000.

PERRY & LEE SMITH	117 HACIENDA DRIVE TIBURON, CA 94920	12/20/16	5,000.
WAYNE & GLADYS VALLEY FOUNDATION	1939 HARRISON STREET, SUITE 510 OAKLAND, CA 94612	11/15/16	25,000.
SUNLIGHT GIVING	855 EL CAMINO REAL, BLDG 4, #250 PALO ALTO, CA 94301	10/24/16	75,000.
EPISCOPAL IMPACT FUND	1055 TAYLOR STREET SAN FRANCISCO, CA 94108	07/07/17	10,000.
EAST BAY COMMUNITY FOUNDATION	200 FRANK H OGAWA PLAZA OAKLAND, CA 94612	04/12/17	5,567.
PINPOINT FOUNDATION	855 EL CAMINO REAL, BLDG 4, #250 PALO ALTO, CA 94301	10/27/16	20,000.
TOTAL INCLUDED ON LINE 3			405,918.

FORM 199 OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
MISCELLANEOUS INCOME	27,002.
FISCAL AGENCY FEE	500.
GOVERNMENT CONTRACTS	3,653,506.
DOMESTIC VIOLENCE TRAIN	1,711.
ASSET MANAGEMENT FEE	22,000.
FORGIVENESS OF DEBT	10,500.
IHN REVENUE	12,760.
TOTAL TO FORM 199, PART II, LINE 7	3,727,979.

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	SECRETARY 2.00	0.
DENI ADANIYA 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	VICE PRESIDENT 2.00	0.
CRISTI DUGGER 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	DIRECTOR 2.00	0.
CARLA DARTIS 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	DIRECTOR 2.00	0.
WHIT GRIFFINGER 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	DIRECTOR 2.00	0.
ROB RICH 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	PRESIDENT 2.00	0.
JEAN HOM 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	DIRECTOR 2.00	0.
SHELLY ROMBOUGH 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	DIRECTOR 2.00	0.
MIRIAM DELAGRANGE 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	DIRECTOR 2.00	0.
ELIZABETH VARELA 1395 BANCROFT AVENUE #13 SAN LEANDRO, CA 94577	EXECUTIVE DIRECTOR 40.00	106,875.
TOTAL TO FORM 199, PART II, LINE 11		106,875.

FORM 199 OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
DIRECT CLIENT ASSISTANC	1,061,478.
SUPPLIES & FOOD	138,280.
TEMPORARY STAFFING	79,057.
DONATED GOODS	72,104.
DIRECT EXPENSES OF FUNDRAISING EVENTS	18,486.
OTHER EMPLOYEE BENEFITS	335,712.
LEGAL FEES	2,343.
ACCOUNTING FEES	27,503.
OTHER PROFESSIONAL FEES	95,822.
TRAVEL	18,199.
ALL OTHER EXPENSES	160,171.
TOTAL TO FORM 199, PART II, LINE 17	2,009,155.

FORM 199 OTHER ASSETS STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	694,023.	643,503.
PREPAID EXPENSES AND DEFERRED CHARGES	39,434.	16,793.
DEPOSITS	1,338.	0.
DUE FROM SUBSIDIARY	0.	113,439.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	734,795.	773,735.

FORM 199 OTHER LIABILITIES STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
LINE OF CREDIT	350,000.	400,000.
CLIENT RENTAL ACCOUNT	440.	440.
DEFERRED REVENUE	0.	41,554.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	350,440.	441,994.

FORM 199 FUND BALANCES STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	519,957.	434,644.
TEMPORARILY RESTRICTED ASSETS	23,000.	18,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	542,957.	452,644.

TAXABLE YEAR 2016

Corporation Depreciation and Amortization

CALIFORNIA FORM 3885

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 2017. 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	2,142,227.	960,921.				

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	69,572.	

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	69,572.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	69,572.
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	206,250.	115,731.	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.	768.	SL	30.00	53.
40 SMH BUILDING IMPROVEMENTS						
	05/16/02	2,850.	1,378.	SL	30.00	95.
41 SMH BUILDING IMPROVEMENTS						
	01/23/02	1,929.	929.	SL	30.00	64.
42 SMH BUILDING IMPROVEMENTS						
	02/14/00	50,000.	27,505.	SL	30.00	1,667.
43 SMH BUILDING IMPROVEMENTS						
	02/14/00	50,000.	27,505.	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.	553.	SL	30.00	41.
53 IMPROVEMENT - INSTALL CLEANOUT						
	03/27/03	1,203.	540.	SL	30.00	40.
54 IMPROVEMENT - SEWER						
	05/01/03	3,989.	1,795.	SL	30.00	133.
55 FINANCING CHARGES						
	07/26/99	17,820.	10,098.	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.	4,108.	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.	239,085.	SL	30.00	17,957.
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.	820.	SL	7.00	163.
82 IT EQUIPMENT						
	03/19/13	18,123.	9,587.	SL	7.00	2,589.
83 SMH BUILDING IMPROVEMENTS						
	06/30/13	552,394.	55,239.	SL	30.00	15,807.
84 FURNITURE & FIXTURES - SMH						
	06/30/13	33,416.	20,050.	SL	5.00	6,683.
85 LEASEHOLD IMPROVEMENTS - SLS						
	11/08/12	3,440.	1,204.	SL	10.00	344.

86 LEASEHOLD IMPROVEMENTS - BANCROFT							
	02/01/13	3,231.	1,104.	SL	10.00	323.	
87 LEASEHOLD IMPROVEMENT - MIDWAY							
	11/27/13	5,500.	2,750.	SL	5.00	1,100.	
88 LEASEHOLD IMPROVEMENT - MIDWAY							
	12/31/13	25,000.	12,500.	SL	5.00	5,000.	
89 BLDG IMPROVEMENTS - RENOVATION							
	07/12/13	106,819.	10,534.	SL	30.00	3,561.	
90 VEHICLE - CHEVY VAN							
	07/01/12	22,500.	18,000.	SL	5.00	4,500.	
TOTAL DEPR TO FORM 3885		2,142,227.	960,921.			69,572.	

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		19,931.	19,931.			0.

Date Accepted ______________________________ **DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR **2016**

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

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

Part I Electronic Return Information (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	4,414,683. 00
2	Total gross income (Form 199, line 8)	2	4,414,683. 00
3	Total expenses and disbursements (Form 199, line 9)	3	4,504,996. 00

Part II Settle Your Account Electronically for Taxable Year 2016

4 ☐ 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: ☐ Checking ☐ 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 2016 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

Signature of officer	Date	Title
		EXECUTIVE DIRECTOR

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, 2016 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	Check if self-employed	ERO's PTIN
		☐	X	P00430440

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

FEIN

ZIP code 94596

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

Paid Preparer Must Sign

Paid preparer's signature	Date	Check if self-employed	Paid preparer's PTIN
		X	P00430440

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

FEIN

ZIP code 94596

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

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

ANNUAL
REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA

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

State Charity Registration Number: CT 067801

CORNERSTONE COMMUNITY DEVELOPMENT CORPORATION
Name of Organization

1395 BANCROFT AVENUE, NO. 13
Address (Number and Street)

SAN LEANDRO, CA 94577
City or Town, State and ZIP Code

Check if:
☐ Change of address
☐ Amended report

Corporate or Organization No. D-1616233

Federal Employer I.D. No. 94-3100741

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 07/01/2016 ending 06/30/2017) list:
Gross annual revenue $ 4,396,197. Total assets $ 2,145,166.

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. SEE STATEMENT 11	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.

Signature of authorized officer	Printed Name	Title	Date
	ELIZABETH VARELA	EXECUTIVE DIRECTOR	

FORM RRF-1 INFORMATION REGARDING GOVERNMENT FUNDING STATEMENT 10
PART B, LINE 6

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

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

KIMBERLY NASH
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
SAN FRANCISCO REGIONAL OFFICE
ONE SANSOME ST, STE 1200
SAN FRANCISCO, CA 94104-4430

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

KAREN OBIDAH
ALAMEDA COUNTY SOCIAL SERVICES AGENCY,
CONTRACTS OFFICE
1111 JACKSON STREET
OAKLAND, CA 94607
510-267-8608

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

JUSTIN JEREMIAH
CONTRACT MANAGEMENT, ESG
2020 WEST EL CAMINO BOULEVARD, SUITE 400
SACRAMENTO, CA 95833
916-263-2659

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

FORM RRF-1 STATEMENT 10

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

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

DWIGHT WILLIAMS
ALAMEDA COUNTY-OAKLAND COMMUNITY ACTION PARTNERSHIP
150 FRANK H. OGAWA PLAZA, SUITE 4340
OAKLAND, CA 94612
510-238-6131

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

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

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

FORM RRF-1 EXPLANATION OF CHARITABLE RAFFLES STATEMENT 11
PART B, LINE 7

ONE ON 5/5/17 AS PART OF A FUNDRAISING EVENT