EXTENDED TO NOVEMBER 15, 2022

Form **990**

Department of the Treasury Internal Revenue Service Deturn of Owner in the English Towner in the Control of Owner in the Control o

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2021
Open to Public

OMB No. 1545-0047

A For the 2021 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change CORNERSTONE CENTER FOR EARLY LEARNING. I Name change 43-0923158 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 3901 RUSSELL BOULEVARD 314-865-5244 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 2.821 .204. ST. LOUIS, MO 63110-3709 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DARCY SMITH for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No." attach a list, See instructions J Website: ► WWW. CORNERSTONECENTERSTL. ORG H(c) Group exemption number ▶ Form of organization: X Corporation Association Other > L Year of formation: 1969 M State of legal domicile: MO Part I Summary Briefly describe the organization's mission or most significant activities: OUR PURPOSE IS TO PROVIDE THE Governance FINEST CARE AND EDUCATION FOR CHILDREN WHO LIVE IN ST. LOUIS' NEAR if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) 15 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 65 5 6 Total number of volunteers (estimate if necessary) 133 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 1,914,116. 2,112,869. 310,174. 586,608. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,239. 1,310. 1,916. 94,915. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,227,516. 2,796,631. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,671,693. 1,660,706. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 489,679. 539,816. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 200,522. 2,161,372. 66,144. 596,109. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 3,216,339. 3,447,818. 20 Total assets (Part X, line 16) 200,872. 565,502. 21 Total liabilities (Part X, line 26) 3,246,946. Net assets or fund balances. Subtract line 21 from line 20 2,650,837. 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. Signature of officer Sign DARCY SMITH, PRESIDENT Here KAREL DIRECTOR Type or print name and title PTIM Print/Type preparer's name Preparer's signature Chemen 1/14/22 ROGER G. TOENNIES, CPA Paid ₽00019708 self-employed Preparer Firm's name SCHMERSAHL TRELOAF & COMPANY PC Firm's EIN > 43-1540459 Firm's address 10805 SUNSET OFFICE DRIVE, Use Only SAINT LOUIS, MO 63127-1028 Phone no. (314)966-2727 May the IRS discuss this return with the preparer shown above? See instructions X Yes LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)

Form **8868** (Rev. January 2022) Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return. ► Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

forms Contra	onic filing (e-file). You can electronically file Form 8868 to listed below with the exception of Form 8870, Information acts, for which an extension request must be sent to the IR of this form, visit www.irs.gov/e-file-providers/e-file-for-char	Return for S in paper	Transfers Associated With Certain P format (see instructions). For more of	ersonal Be	enefit			
Auto	matic 6-Month Extension of Time. Only subn	nit origin	al (no copies needed).					
	porations required to file an income tax return other than F			s, REMIC	s, and trusts			
	use Form 7004 to request an extension of time to file incom							
Type o	Name of exempt organization or other filer, see instru	uctions.		Taxpaye	ber (TIN)			
File by th	CORNERSTONE CENTER FOR EARI	LY LEA	RNING, I		58			
due date filing you return. S	Number, street, and room or suite no. If a P.O. box, see instructions.							
instruction	ons. City, town or post office, state, and ZIP code. For a for ST. LOUIS, MO 63110-3709							
Enter t	he Return Code for the return that this application is for (fil	e a separa	te application for each return)			01		
Applic	ation	Return	Application			Return		
Is For		Code	Is For			Code		
Form 990 or Form 990-EZ			Form 1041-A			08		
	1720 (individual)	03	Form 4720 (other than individual)		09			
	990-PF	04 05	Form 5227			10		
	990-T (sec. 401(a) or 408(a) trust)	Form 6069 Form 8870			11_			
×===	990-T (trust other than above) 990-T (corporation)			12				
Tele	the books are in the care of ► 3901 RUSSELL BOOKS are in the care of ► 314-865-5244		Fax No.					
If th	e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit	s in the Uni Group Exe	ted States, check this box	f this is fo	r the whole group.	theck this		
box >	[[[[[[[[[[[[[[[[[[[7	ch a list with the names and TINs of					
t	request an automatic 6-month extension of time until the organization named above. The extension is for the organization named above. X calendar year 2021 or tax year beginning	anization's		the exem	npt organization ret	urn for		
2	f the tax year entered in line 1 is for less than 12 months, c Change in accounting period	heck reaso	n: Initial return	Final retur	n			
	f this application is for Forms 990-PF, 990-T, 4720, or 6069 any nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.		
11.	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and	100				
	estimated tax payments made. Include any prior year overp	A		3b	\$	0.		
c I	Balance due. Subtract line 3b from line 3a. Include your pausing EFTPS (Electronic Federal Tax Payment System). See	yment with	this form, if required, by	Зс	\$	0.		
	n: If you are going to make an electronic funds withdrawal				d Form 8879-TE for			

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

Form 8868 (Rev. 1-2022)

	n 990 (2021) CORNERSTONE CENTER FOR EARLY LEARNING, I 43-0923158 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	
	OUR PURPOSE IS TO PROVIDE THE FINEST CARE AND EDUCATION FOR CHILDREN
	WHO LIVE IN ST. LOUIS' NEAR SOUTH SIDE NEIGHBORHOOD.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the
-	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?
	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	
44	(Nevenue's 300,000.)
	DAY CARE CENTER LICENSED & ACCREDITED BY THE STATE OF MISSOURI TO
	PROVIDE COMPREHENSIVE, HIGH QUALITY CHILD DEVELOPMENT PROGRAMS FOR
	YOUNG CHILDREN.
	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
	(Code:) (Expenses \$
7.5	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,744,700.

Form 990 (2021) CORNERSTONE CENTER FOR EARLY LEARNING, I
Part IV Checklist of Required Schedules

43-0923158

Page 3

			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? See instructions	2	Х	_
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			.,
_	similar amounts as defined in Rev. Proc. 98-19? 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		Х
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?	_		1 77
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	200		177
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			Piv.
_	as applicable.		11177	A THE
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
h	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			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Λ
·	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		х
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		22
-		11d		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX 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	Tie		- 21
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.11		- 21
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	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. See instructions	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	Х	
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
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	000	X
na godeni	No. 20 20	PP .	OOO /	

CORNERSTONE CENTER FOR EARLY LEARNING, I 43-0923158 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 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 X 22 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 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 X 242 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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 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 X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III X Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X "Yes," complete Schedule L. Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N, Part II 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 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 X 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 X 37 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11 1a b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X Form 990 (2021)

CORNERSTONE CENTER FOR EARLY LEARNING, I 43-0923158 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 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 65 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)? X **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? 72 b If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

	990 (2021) CORNERSTONE CENTER FOR EARLY LEARNING, I 43-0923 t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	158 "No" 1	Pespon	age 6
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	********		22
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 15	HANN!	163	NO
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	5.1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	We are allowed the second and the se	•	ACTO N	х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		
3		_		v
4		3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	4		X
5	50.7	5		
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	_		v
L	more members of the governing body?	7a	-	_X_
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			77
	persons other than the governing body?	7b	lietelii.	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1130		
a	The governing body?	8a	X	
р	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	. 2		37
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u>x</u>
300	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	_		
100	Did the arganization have lead about as hearth a graffilist - 2		Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a	-	
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
440	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	^	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe	120	- 21	
C	The state of the s	12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	X	
		14	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	179		
15	Did the process for determining compensation of the following persons include a review and approval by independent		Byfy	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	х	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	Λ	
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		X
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IUa	Page 1991	A WAY
ъ	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	NACTOR AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO TH	
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv) a	availah	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
1005	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			
	KAREN LUCY - 314-865-5244			
	3901 RUSSELL BOULEVARD, ST. LOUIS, MO 63110-3709			

Form 990 (2021) CORNERSTONE CENTER FOR EARLY LEARNING, I 43-0923158 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ROBIN BAIMA	1.00									
DIRECTOR		X						0.	0.	0
(2) JEN BERSDALE	1.00									
DIRECTOR		X						0.	0.	0
(3) LANCE BRYANT, JR.	1.00									
DIRECTOR		Х						0.	0.	0
(4) KEVIN SELTZER	1.00									
DIRECTOR		X	_	_				0.	0.	0
(5) PRUDENCE KRAMER	1.00							V43*		
DIRECTOR		Х	_	_	_			0.	0.	0
(6) DR. JENNI LADAGE	1.00							News 1		
DIRECTOR		X			_		_	0.	0.	0
(7) MARSHA MCGUIRE, RN	1.00									
DIRECTOR		Х		_	_	_	_	0.	0.	0
(8) EMILY SCHLITZ	1.00									
DIRECTOR	1 22	X	Щ	\vdash	_		_	0.	0.	0
(9) DALE LEWIS	1.00									
DIRECTOR	1 00	X	Щ		_	_		0.	0.	0
(10) JOHN TORBITSKY	1.00									•
DIRECTOR	1 00	X	Н	_	_	\vdash		0.	0.	0
(11) JOE HENNESSEE	1.00							_		
DIRECTOR (12) KELLY CLARK	1 00	X	Щ		_	L		0.	0.	0
SECRETARY	1.00	х		**				_		
(13) ALAN DIERKER	1 00	A	Н	X	_	Н		0.	0.	0
TREASURER	1.00	x		х				0.	0.	0
(14) CARMIN PRUITT	1.00	Δ	\vdash	Λ		\vdash	-	0.	0.	0 .
VICE PRESIDENT	1.00	х		х				0.	0.	0
(15) ANDY BREDEMEYER	4.00	21		21		Н		0.	0.	
PRESIDENT	1.00	х		х				0.	0.	0
(16) KAREN LUCY	40.00					\vdash				
EXECUTIVE DIRECTOR				х				119,224.	0.	11,895

Forr	n 990 (2021) CORNERSTO	ONE CENT	CEF	l F	OR	E	CAR	LY	LEARNING,	43-092	231	58	Page 8
Pa	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	Average hours per week	erage irs per box, offic			Position (do not check more than one box, unless person is both ar officer and a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	on amount		ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	/	from from organiz and re organiza	the ation ated
_													
											+		
1b	Subtotal							-	119,224.	0		11,	395.
С	Total from continuation sheets to Part VII	, Section A					l		0. 119,224.			11	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization							o red			•	11,	1
												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su							_				3	x
4	For any individual listed on line 1a, is the su	m of reportable	e co	mpe	nsat	tion	and	othe	er compensation from the	ne organization		3	
	and related organizations greater than \$150											4	X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							late	d organization or individ	ual for services	14	5	x
Sec	tion B. Independent Contractors	olete Schedule	<i>. </i> .	II SU	CIT	16130	JII						
1	Complete this table for your five highest con									Property of the Property of the San Control of the	satio	n from	
	the organization. Report compensation for t (A) Name and business			NE		in o	r WIL	nin	the organization's tax ye (B) Description of s		Con	(C)	on
								1	and the same of th			In the second second	
								+					
2	Total number of independent contractors (in \$100,000 of compensation from the organiz		t lim	ited	to t	hos 0		ed a	above) who received mo	re than	123		

Form 990 (2021) CORNERSTONE CENTER FOR EARLY LEARNING, I 43-0923158 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded Unrelated Total revenue Related or exempt function revenue from tax under business revenue sections 512 - 514 194,701. 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts **b** Membership dues 1b 68,120. c Fundraising events 1c d Related organizations 1d 1,659,341. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 190,707. g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 2,112,869 **Business Code** 2 a PROGRAM SERVICE FEES 624410 586,608. 586,608. Program Service f All other program service revenue 586,608. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 2,239. 2,239. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents 6a b Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses Other Revenue c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 68,120. of contributions reported on line 1c). See 8a 117,713. Part IV, line 18 b Less: direct expenses 24,573. 93,140. 93,140. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory

1,775. e Total. Add lines 11a-11d 2,796,631. 586,608. 97,154. Total revenue. See instructions Form 990 (2021) 132009 12-09-21

1,775.

1,775.

Business Code

999999

Miscellaneous

Revenue

11 a MISCELLANEOUS INCOME

d All other revenue

Form 990 (2021) CORNERSTONE CENTER FOR EARLY LEARNING, I 43-0923158 Page 10
Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) Fundraising Do not include amounts reported on lines 6b. Program service Management and 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 103,060. 16,783. 11,276. trustees, and key employees 131,119. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1.171.253. 920.605. 149.920. 100,728. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 31,319. 244,687. 192,324. 21,044. Other employee benefits Payroll taxes 113,647. 89,327. 9.773. 10 14,547. Fees for services (nonemployees): a Management b Legal 2.376. 15.840. 13.464. c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 3,531. 3,001. 530. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 13 Office expenses Information technology 14 Royalties 15 143,497. 121,973. 17,937. 3,587. 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 9,850. 1.094. Conferences, conventions, and meetings 10,944. 19 1,155. 128. 5,133. 3,850. 20 Payments to affiliates 21 23.049. 2,561. 102,442. 76,832. Depreciation, depletion, and amortization 22 36,964. 31,419. 4,621. 924. 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a FOOD AND SUPPLIES 182,968. 170,160. 10,978. 1.830. MISCELLANEOUS 26,901. 1,899. 22,312. 2,690. 1,607. POSTAGE AND SHIPPING 5,355. 2,142. 1,606. 3,986. d TELEPHONE 2,990. 797. 199. 2,255. 1,804. 451. e All other expenses 2,200,522. 1,744,700. 299,476. 156,346. 25 Total functional expenses. Add lines 1 through 24e 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)

Form 990 (2021) CORNERSTONE CENTER FOR EARLY LEARNING, I 43-0923158 Page 11
Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1,199,356. 1,495,972. Cash - non-interest-bearing Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 Accounts receivable, net 282,591. 313,684. 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 47,393. 41,181. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 3,249,233. basis. Complete Part VI of Schedule D 10a 1,590,769. 10b 1,658,464. 1,693,211. b Less: accumulated depreciation 10c Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 Other assets. See Part IV, line 11 15 15 3,447,818. 3,216,339. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 54,220. Accounts payable and accrued expenses 54,863. 17 17 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 146,009. 192,757. 23 Secured mortgages and notes payable to unrelated third parties 23 318,525. 0. 24 Unsecured notes and loans payable to unrelated third parties 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 565,502. 200,872. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,973,455. 2,343,957. 27 Net assets without donor restrictions 306,880. 273,491. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 3,246,946. 2,650,837. Total net assets or fund balances 3,447,818. 3,216,339. Total liabilities and net assets/fund balances Form 990 (2021)

Form	1 990 (2021) CORNERSTONE CENTER FOR EARLY LEARNING, I	43-09	23158	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				90
7	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	2,79	6,6	31.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,20	0,5	22.
3	Revenue less expenses. Subtract line 2 from line 1	3	59	6,1	09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,65	0,8	37.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,24	6,9	46.
Pa	rt 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 X Accrual Other			J. William	W 11 E
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	****************	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				1977
	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	e basis,			Jakin.
	consolidated basis, or both:			isin.	COCKE III
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits explain why on Schedule O and describe any stops taken to undergo such audits		35	X	l

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Inspection

Name of the organization

CORNERSTONE CENTER FOR EARLY LEARNING

Employer identification number

Pa	rt I	Reason for Public	Charity Status.	(All organizations must	complete t	his nart) S	See instructions	43-0923158
The	organi	ization is not a private found	dation because it is:	(For lines 1 through 12 of	heck only	one boy)	occurrence.	
1		A church, convention of ch	urches, or associat	ion of churches described	d in section	n 170/h/	1VAVI)	
2		A school described in sect	tion 170(h)(1)(A)(ii)	(Attach Schedule E (For	n 990)))(170(1)(1)(A)(I).	
3		A hospital or a cooperative				7/5//4//A//i	ii).	
4		A medical research organiz						r the beenitel's name
-		city, and state:	ation operated in co	onjunction with a nospita	described	in secuc	on 170(b)(1)(A)(iii). Ente	r the nospital's name,
5		An organization operated for	or the benefit of a co	ollege or university owner	d or operat	od by a go	wornmontal unit describ	and in
Ŭ		section 170(b)(1)(A)(iv). (0		onege or driiversity owner	J or operar	ed by a go	overnmental unit describ	ied in
6		A federal, state, or local go		mantal right described in		70/1-1/41/41	v. v	
	X	An organization that norma						
•		section 170(b)(1)(A)(vi). (C		antiai part of its support i	rom a gove	ernmentai	unit or from the general	public described in
8		A community trust describe		V4VAVail (Complete De	4 II V			
9		An agricultural research org				od in coni	mation with a land accept	
,		or university or a non-land-						
		university:	grant college or agri	culture (see instructions).	criter the	name, city	, and state of the college	e or
10		An organization that norma	Illy receives (1) more	than 33 1/30/ of its supr	and from a	antribution	no mambarahin fasa an	d acces consists force
		activities related to its exen						
		income and unrelated busin						
		See section 509(a)(2). (Co		e (less section 511 tax) in	om busines	sses acqui	red by the organization	arter June 30, 1975.
11		An organization organized		sively to test for public so	foty Soo	coation El	00(a)(4)	
12		An organization organized a						numacas of and as
-		more publicly supported or						
		lines 12a through 12d that						Check the box on
а		Type I. A supporting orga						alulna
a		the supported organization						
		organization. You must o			і пајопцу с	i the direc	itors or trustees or the s	upporting
b		Type II. A supporting org	Strategic and the second of th		tion with it	e eupporte	ad organization(s) by ha	vina
~		control or management o						
		organization(s). You mus			arrie perso	ris triat co	Titlor or manage the sup	ported
С		Type III functionally inte			in connec	tion with	and functionally integrate	ed with
٠		its supported organization						od With,
d		Type III non-functionally						zation(s)
~		that is not functionally int					W. W. W. S. C. C. S. E. W. C. S. W. S. W. C. W. C. S. C. S. W. C. W. C. S. W. W. C. S. W. W. C. S. W.	71.55.15.15.15.15.15.15.15.15.15.15.15.15
		requirement (see instruct						VOLICOS
е		Check this box if the orga			and the second second			
•		functionally integrated, or					rypo i, rypo ii, rypo iii	
f	Ente	r the number of supported of						
	_	ide the following information					*)*************************************	
		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organia	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions)				
								r r
ota								

(Form 990) 2021 CORNERSTONE CENTER FOR EARLY LEARNING, I 43-0923158 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Schedule A (Form 990) 2021 Part II

(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.)

Se	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1493674.	1677375.	1975962.	1914116.	2112869.	9173996.
2	Tax revenues levied for the organ-						
	ization'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	1493674.	1677375.	1975962.	1914116.	2112869.	9173996.
5	The portion of total contributions		Met Curi II aya				
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		Charles and Carl				
	amount shown on line 11,			ali (1, 13 - Carded)			
	column (f)						747,310.
	Public support. Subtract line 5 from line 4.						8426686.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1493674.	1677375.	1975962.	1914116.	2112869.	9173996.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	245	116	500	1 210	0 000	4 000
7.27	and income from similar sources	345.	446.	589.	1,310.	2,239.	4,929.
9	Net income from unrelated business						
	activities, whether or not the						
92	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	20 262	2 704	1 162	1,916.	0/ 015	132,259.
2/2	assets (Explain in Part VI.)	28,262.	2,704.	4,462.	1,910.	34,313.	9311184.
	Total support. Add lines 7 through 10	-A- (bAA)				12 2	,891,925.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the			iourth or fifth toy i			,001,020.
13	organization, check this box and stor						
Sec	ction C. Computation of Publi						
_	Public support percentage for 2021 (I			column (fl)		14	90.50 %
	Public support percentage from 2020					15	90.35 %
	33 1/3% support test - 2021. If the					ore, check this box	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			THE CONTRACTOR LINES TO THE CONTRACTOR OF THE CO		***************************************	▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain in	Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	>

Schedule A (Form 990) 2021 CORNERSTONE CENTER FOR EARLY LEARNING, I 43-0923158 Page 3

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

(Complete only if you checked the box on line 10 of Part II or if the organization failed to qualify under Part II. If the organization fails to

Se	qualify under the tests listed be ction A. Public Support	low, please comp	olete Part II.)			- 12	
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(4) 20	(5) 2010	(0) 2010	(4) 2020	(0) 2021	(i) rotal
	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			AT.			
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Total. Add lines 1 through 5						
78	a Amounts included on lines 1, 2, and						
ł	3 received from disqualified persons 5 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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support				, EMPARTAMENTAL	15008E-420008EE	
Cale	endar year (or fiscal year beginning in) 🕨 📗	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	unrelated business taxable income			-t			
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				L		
14	First 5 years. If the Form 990 is for the	a organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	E
_	check this box and stop here						<u> </u>
Se	ction C. Computation of Public	Support Per	rcentage				
	Public support percentage for 2021 (lin			column (f))		15	%
	Public support percentage from 2020					16	%
Se	ction D. Computation of Invest						
17	Investment income percentage for 20	21 (line 10c, colur	mn (f), divided by I	ine 13, column (f))	*******************	17	%
18						18	%
19:	a 33 1/3% support tests - 2021. If the						s not
	more than 33 1/3%, check this box an						
1	b 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, chec						- C
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check the	nis box and see in:	structions	

Schedule A (Form 990) 2021

CORNERSTONE CENTER FOR EARLY LEARNING, I 43-0923158 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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,
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Sche	dule A (Form 990) 2021 CORNERSTONE CENTER FOR EARLY LEARNING, I 43-0	92315	8 P	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			5750 K
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		550 200	
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		100	
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	(V) 10 H		
	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,	A. 189		
_	supervised, or controlled the supporting organization.	2		
Sec	tion 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			H S
	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			
600	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
200			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1517	2000
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	CAN AL	7-31	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		600	
	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	Braton	roi-mu	
-	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	NEST AND THE	No. Alberta	
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
		•	_	
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.	70 1094		
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		NI-
2	Activities Test. Answer lines 2a and 2b below.	CARLES OF	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	12707		211518
	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	0-	BARRANA	EMINISTE IN
h	that these activities constituted substantially all of its activities.	2a	1-02500	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		200	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		- 11	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh	remission.	
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		nelino
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- 56		
2	of its supported organizations? If "Yes " describe in Part VI the released by the experiencies in this regard	36	Annah salah	

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	EARLY ng Organi	LEARNING, I 4	43-0923158 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			Dest W/\ Cook in the state of
	All other Type III non-functionally integrated supporting organizations must	et complete	Sections A through E	Part VI). See instructions.
Sect	ion A - Adjusted Net Income	st complete c	(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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	The A		
	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		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			CONTRACT SECTION OF THE
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions).	6		-!
7	Check here if the current year is the organization's first as a non-functional	ily integrated	i type iii supporting orga	nization (see

Schedule A (Form 990) 2021

CORNERSTONE CENTER FOR EARLY LEARNING, I 43-0923158 Page 7 Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2021 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (i) Section E - Distribution Allocations (see instructions) Underdistributions Distributable **Excess Distributions** Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016 **b** From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from Section D, a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3i and 4c. Breakdown of line 7: a Excess from 2017 b Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

CORNERSTONE CENTER FOR EARLY LEARNING, I 43-0923158 Page 8 Schedule A (Form 990) 2021 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.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS 2017 AMOUNT: \$ 9,807. 2018 AMOUNT: \$ 7,449. 2019 AMOUNT: 5,163. 2020 AMOUNT: 4,467. 2021 AMOUNT: 1,775. \$ FUNDRAISING (LOSS)/INCOME 2017 AMOUNT: \$ 18,455. -4,745.2018 AMOUNT: -701. 2019 AMOUNT: 2020 AMOUNT: -2,551.2021 AMOUNT: \$ 93,140.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number

Pa	CORNERSTONE CENTER FOR EARLY LEARNING, I 43-0923158
Га	S - S - S - S - S - S - S - S - S - S -
-	organization answered "Yes" on Form 990, Part IV, line 6.
- 2	(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?
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
Pai	impermissible private benefit? Yes No
	Tes of formation and organization answered Tes of Formation, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).
	Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
	Protection of natural habitat Preservation of a certified historic structure
200	Preservation of open space
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last
	day of the tax year. Held at the End of the Tax Year
a	Total number of conservation easements 2a
b	Total acreage restricted by conservation easements 2b
C	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure
-	listed in the National Register 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax
	year ▶
4	Number of states where property subject to conservation easement is located
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
-	violations, and enforcement of the conservation easements it holds?
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
	De
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
Pai	organization's accounting for conservation easements. III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
h	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,
	provide the following amounts relating to these items:
	(i) Revenue included on Form 990, Part VIII, line 1
	(ii) Assets included in Form 990, Part X
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:
а	Revenue included on Form 990, Part VIII, line 1
h	Assets included in Form 900 Part V

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?	-	dule D (Form 990) 2021 CORNERS	TONE CENTE	R FOR EARI	Y LEARN	Other	I 43-	092315	8 Page 2
collection items (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization scollections 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 freasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Ves" 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, line 21. b If "Ves, "Explain the arrangement in Part XIII and complete the following table:									nued)
a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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 New Yes	3		ion, and other record	is, check any of the	following that	make si	gnificant use of	its	
b Scholarly research c Preservation for future generations 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 sollection? Vea No. Part V 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? If Yes No. If Yes, 'explain the arrangement in Part XIII and complete the following table: C Beginning balance G Amount Id Id Id Id Id Id Id I	9			J		221			
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Portify Excrow and Custodial Arrangements. Complete if the organization's collection? Part IV Excrow 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. line 21. Is geninning balance Beginning balance Complete the following table: Beginning balance Beginning balance Complete the following table: Beginning of year balance Beginning of year balance Complete the organization answered "Yes" on Form 990, Part X. line 21. for escrow or custodial account liability? Yes N. Part V. Im Chockment Funds. Complete the following table: Beginning of year balance Contributions. Complete the organization answered "Yes" on Form 990, Part X. line 10. Beginning of year balance Contributions Additions during the year. (a) Current year (b) Prior year (c) Two years back (d) Twree years back (e) Four years back (organization should a contributions. Additions for facilities and programs. Administrative expenses God Grants or scholarships Administrative expenses God of year balance Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: Beginning and percentage on lines 2a, 2b, and 2c should equal 100%. Are there endowment 94. Permanent endowment 95. Permanent endowment 96. Permanent endowment 96. Permanent endowment 97. Complete if the organizations (line 34), are the related organization is endowment funds. Part VII Land, Buildings, and Equipment. Complete if the organization answered 'Yes' on					change progra	m			
4 Provide a description of the organization is 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 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? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C				eOther					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Part IV	- 6								
To be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Near Part VI Secrow 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 New Yes Ne		Purior the year did the annuication of the	ollections and explai	n how they further	the organization	n's exem	ipt purpose in F	Part XIII.	
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount ton 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 line 21. b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	5								
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 N b If 'Yes,' explain the arrangement in Part XIII and complete the following table:	Da	to be sold to raise funds rather than to be m	aintained as part of t	the organization's c	ollection?				No
Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	· a		yernents. Compl	lete if the organizati	on answered "	Yes" on	Form 990, Part	IV, line 9, or	
on Form 990, Part X? b If *Yes,* explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year 1 f Ending balance 2 Distributions during the year 1 f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N 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 X, line 10. a 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	_		Contract Con						
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c	та								
d Additions during the year e Distributions during the year 1 Ending balance 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 3 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Ves Note of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 5 Di I*Ves,* 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		on Form 990, Part X?					***************************************	Yes	No
c Beginning balance d Additions during the year 1	b	if "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
d Additions during the year								Amoun	t
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back on Northbutions 1a Beginning of year balance b Contributions 1b Contributions 1c Net investment earnings, gains, and losses of the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions 1b Contributions 1c Net investment earnings, gains, and losses of the organization and programs 1 Administrative expenses 1 Grants or scholarships 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment yes 1 Permanent endowment yes 2 Provide the estimated percentage of the organization that are held and administered for the organization by: (i) Unrelated organizations ii) Related organizations iii) Related organizations iii) Related organizations iii) Related organizations iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VII Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part V, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment basis (other) basi	С	Beginning balance					1c		
f Ending balance 1	d	Additions during the year					1d		
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes N b If "Yes," explain the armangement 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 organizations 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 organizations 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 organizations and programs (e) Two years back (e) Two years back (e) Four years back (e) Four years back organizations (e) Four years back organization (e) Four years back (e) Four years back (e) Four years back (e) Four years back organizations (e) Four years back (e) Four	е	Distributions during the year					1e		
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 have years back (e) Four years back (e) Four years have		Ending balance			*********		1f		
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Cal Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years							y?	Yes	No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years	b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has beer	provided on P	art XIII			
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 ▶	Pai	t v Endowment Funds. Complete		swered "Yes" on F					
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			(a) Current year	(b) Prior year	(c) Two years	back	(d) Three years ba	ack (e) Four	years back
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	1a								
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	Contributions							
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 (al)) held as: a Board designated or quasi-endowment	С	Net investment earnings, gains, and losses							
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 (al)) held as: a Board designated or quasi-endowment	d	Grants or scholarships							
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 ▶	е								
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 ▶		and programs							
g End of year balance	f								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	а	Page 100 y control of the control of			1				
a Board designated or quasi-endowment				e (line 1a, column (s	a)) held as:				
b Permanent endowment				****	a)) Held as.				
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: (i) Unrelated organizations (ii) Related organizations (iii) Rela	7920								
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: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Related organi		The state of the s							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 15,710 Buildings 2,793,516 1,232,674 1,560,842 c Leasehold improvements d Equipment 440,007 425,790 14,217 e Other	C		- · ·						
Second S			The Actions of Control of State Control						
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organization's listed as required on Schedule R? 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 (other) (b) Cost or other depreciation 1a Land 15,710. 15,710 Buildings 2,793,516. 1,232,674. 1,560,842 c Leasehold improvements d Equipment e Other	3a	******	ession of the organiza	ation that are held a	ind administere	d for the	organization	r	Van Na
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 15,710 Buildings 2,793,516 1,232,674 1,560,842 c Leasehold improvements d Equipment e Other									Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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) basis (other) (b) Cost or other basis (other) complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value depreciation 1 Land 1 15,710 b Buildings 2,793,516 1,232,674 1,560,842 c Leasehold improvements d Equipment e Other									
Describe in Part XIII the intended uses of the organization's endowment funds. 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation 15,710 15,710 Buildings 2,793,516 1,232,674 1,560,842 c Leasehold improvements d Equipment Other									
Land, Buildings, and Equipment.	b	The state of the s			***************			3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property	_			wment funds.					
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 15,710. 15,710 15,71	Pai								
basis (investment) basis (other) depreciation 1a Land 15,710. 15,710 b Buildings 2,793,516. 1,232,674. 1,560,842 c Leasehold improvements 440,007. 425,790. 14,217 e Other 0ther 140,007.		Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a.	See Form 990,	Part X, I	ine 10.		
1a Land 15,710. 15,710 b Buildings 2,793,516. 1,232,674. 1,560,842 c Leasehold improvements 440,007. 425,790. 14,217 e Other 440,007. 425,790. 14,217		Description of property	(a) Cost or o	other (b) Cos	t or other	(c) Ac	cumulated	(d) Bool	k value
b Buildings 2,793,516. 1,232,674. 1,560,842 c Leasehold improvements d Equipment 440,007. 425,790. 14,217 e Other			basis (investr	and the second s		dep	reciation		
b Buildings 2,793,516. 1,232,674. 1,560,842 c Leasehold improvements d Equipment 440,007. 425,790. 14,217 e Other	1a	Land		1	15,710.	100			
c Leasehold improvements 440,007. 425,790. 14,217 e Other 40,007. 425,790. 14,217				2,79	3,516.	1,2	32,674.	1,560),842.
d Equipment 440,007. 425,790. 14,217 e Other	С	Leasehold improvements							
e Other				44	10,007.	4	25,790.	14	1,217.
	Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990 Part	X. column (R) line	10c.)		D	1,590	769.

Schedule D (Form 990) 2021

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
Financial derivatives			
Closely held equity interests			
Other	7.		
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		A SET OF THE MEMORIES WELL BY	
Complete if the organization answered "Yes" or (a) Description of investment			-fu
	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1)			
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	
	n Form 990, Part IV, line escription	11d. See Form 990, Part X, line 15.	(b) Book value
(a) D		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) line in	escription		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line (a) art X Other Liabilities.	escription		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) (tal. (Column (b) must equal Form 990, Part X, col. (B) line in the complete if the organization answered "Yes" or	escription		(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line of art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	escription		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line of art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	escription		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line is art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2)	escription		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line of the complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3)	escription		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line is art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2)	escription		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line in the complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)	escription		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line is art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	escription		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line in term X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	escription		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line is art X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	escription		

	dule D (Form 990) 2021 CORNERSTONE CENTER FOR	EARLY LEAF	RNING, I	43-	0923158	Page 4
Pai	Reconciliation of Revenue per Audited Financial Stat		Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.				
1			**********	1	2,821	204.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1				
а	Net unrealized gains (losses) on investments	2a		5		
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	1	2d	24,573.	refly h		
е	Add lines 2a through 2d			2e		573.
3	Subtract line 2e from line 1			3	2,796,	631.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	0.00				
а	Investment expenses not included on Form 990, Part VIII, line 7b			400		
b	Other (Describe in Part XIII.)	4b				
C	Add lines 4a and 4b			4c		0.
5	THIS THUSE COURT OF THE TELL HITE TELL	*************		5	2,796,	631.
Pai	t XII Reconciliation of Expenses per Audited Financial Sta		Expenses per F	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		, ,		
1			*******************	1	2,225,	095.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	2a		SE		
b	Prior year adjustments	2b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	24,573.			
е	Add lines 2a through 2d	****************		2e		573.
3	Subtract line 2e from line 1			3	2,200,	522.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		Ober Serie		
b	Other (Describe in Part XIII.)	4b		13.44		
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	2,200,	522.
Par	t XIII Supplemental Information.					
lines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an					
	CT XI, LINE 2D - OTHER ADJUSTMENTS:				24,5	73.
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:					
SPE	CIAL EVENT EXPENSE				24.5	73.
				Tui.		

SCHEDULE G (Form 990)

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.

2021

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

						ntification number
FOR EARI	Ϋ́	LEA	ARNING, I			
nization answered	d "Y	es" or	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Solicitation Solicitation Special fur any individual (indicated)	n of on of one of one of the original original original original original original original original original	non-g gover ising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
0	r cont	trol of	(iv) Gross receipts from activity	to (c	r retained by) fundraiser	(vi) Amount paid to (or retained by) organization
Y	es	No				
	1					
	_					
	-	-				
	_					
		•				
	tribu	ıtions	or has been notified	it is e	exempt from reg	gistration
	of the following a Solicitation Solicitation Special fur any individual (innection with proferaisers) pursuant	of the following actives Solicitation of Solicitation of Special fundration any individual (includentation with profession arisers) pursuant to a Special fundration with profession with profession with profession with profession with profession with profession arisers. Yes	of the following activities. Solicitation of non-g Solicitation of gover Special fundraising of the following any individual (including of the following pursuant to agreer (iii) Did fundraisers) pursuant to agreer (iii) Did fundraisers Yes No	of the following activities. Check all that apply. Solicitation of non-government grants Solicitation of government grants Special fundraising events any individual (including officers, directors, trus nection with professional fundraising services? traisers) pursuant to agreements under which the fundraiser have custody or control of contributions? Yes No	of the following activities. Check all that apply. Solicitation of non-government grants Solicitation of government grants Solicitation of government grants Special fundraising events any individual (including officers, directors, trustees, nection with professional fundraising services? traisers) pursuant to agreements under which the fundraiser have custody or control of contributions? Yes No Yes No	inization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ of the following activities. Check all that apply. Solicitation of non-government grants Solicitation of government grants Special fundraising events any individual (including officers, directors, trustees, or nection with professional fundraising services? I (iii) Did fundraiser shave custody or control of contributions? Yes No Yes No

	II Fundraising Events. Complete if	the organization answered	d "Yes" on Form 990, Part	IV, line 18, or reported	-0923158 Page : more than \$15,000
	of fundraising event contributions and o	(a) Event #1	(b) Event #2	vents with gross receip (c) Other events	(d) Total events
		CELEBRATION FOR CHILDREN	TRIVIA EVENT	2	(add col. (a) through
(40)		(event type)	(event type)	(total number)	col. (c))
Jevenue 1	Gross receipts			(total risking)	185,833
Œ					200,000
2	Less: Contributions	62,800.	5,320.		68,120
3	Gross income (line 1 minus line 2)	108,225.	9,488.		117,713
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
Direct Expenses	Food and beverages				
[□] 8	Entertainment				
9	Other direct expenses	24,299.	274.		24,573.
10	Direct expense summary. Add lines 4 through	A Testino de Contra			24,573.
11 Part	Net income summary. Subtract line 10 from Gaming. Complete if the organization	line 3, column (d)			93,140.
Revenue	\$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)
+1	Gross revenue				
ses	Cash prizes				
S xpense					
S xpense					
Direct Expense	Noncash prizes				
Direct Expense	Noncash prizes Rent/facility costs		Yes %	Yes%	
Direct Expense	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes% No		100000	
3 4 5 6	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	Yes% No sh 5 in column (d)	No No	No P	
3 4 5 6 7 8 En	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract line ter the state(s) in which the organization conditions.	Yes % No gh 5 in column (d) 7 from line 1, column (d)	No No	No D	
3 4 5 6 7 8 en ls t	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the summary. Subtract line	Yes% No 9h 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these s	No No	No D	☐ Yes ☐ No
3 4 5 6 7 8 En is if	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization conduct organization licensed to conduct gaming a lino," expiain:	Yes% No gh 5 in column (d) 7 from line 1, column (d) lucts gaming activities:activities in each of these s	states?	No b	
3 3 4 4 5 6 7 8 En st ft " Wee	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines ter the state(s) in which the organization conditions of the organization licensed to conduct gaming a summary.	Yes% No gh 5 in column (d) 7 from line 1, column (d) lucts gaming activities:activities in each of these services activities activities in each of these services activities activities activities in each of these services activities activ	states?	No b	

Sch	nedule G (Form 990) 2021	CORNERSTONE	CENTER	FOR EARL	Y LEARNING	3, I 43-0	923158	Page 3
11	Does the organization conduct	gaming activities with nonr	nembers?				Yes	No
12	Is the organization a grantor, be	eneficiary or trustee of a tru	st, or a member	of a partnershi	ip or other entity for	med		
	to administer charitable gaming	j?		********	******************************		Yes	☐ No
	Indicate the percentage of gam	ing activity conducted in:						
	The organization's facility				*******************************		13a	%
44	An outside facility						13b	%
14	Enter the name and address of	the person who prepares th	ne organization'	s gaming/speci	ial events books and	i records:		
	Name							
	Address >							
15a	Does the organization have a co	ontract with a third party fro	m whom the or	ganization rece	ives gaming revenu	e?	Yes	No No
ь	If "Yes," enter the amount of ga	ming revenue received by t	he organization	• •	and t	he amount		
	of gaming revenue retained by	the third party >\$	ne organization	Ψ	and t	ne amount		
c	If "Yes," enter name and address	ss of the third party:						
		.02. 9						
	Name							
	Address >							
16	Gaming manager information:							
	Name >							
	Gaming manager compensation	\$	_					
	Description of services provided	d						
	·							
	Director/officer	Employee	Indepe	endent contract	tor			
	Mandatory distributions:							
а	Is the organization required und							
	retain the state gaming license?						Yes	∟ No
D	Enter the amount of distribution organization's own exempt active			to other exem	ipt organizations or	spent in the		
Pa		ormation. Provide the ex		ired by Part I. li	ne 2b. columns (iii) :	and (v): and Part	III. lines 9. 9	9b. 10b.
		as applicable. Also provide				and (1), and 1 and	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,
							31	
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Schedule G (Form 990)	CORNERSTONE	CENTER	FOR	EARLY	LEARNING,	I 43-0923158	Page 4
Part IV Suppleme	CORNERSTONE ntal Information (continued)				•		· uge 1
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SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CORNERSIONE CENTER FOR EARLY LEARNING, 1 43-0923158
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SOUTH SIDE NEIGHBORHOOD.
FORM 990, PART VI, SECTION B, LINE 11B:
LINE 11A EXPLANATION - THE 990 WILL BE REVIEWED BY THE BOARD OF DIRECTORS
BEFORE BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
CENTER POLICY REQUIRES THAT THE PROPOSED MEMBER DISCLOSE POTENTIAL
CONFLICTS IN WRITING. DURING THE PERIOD OF SERVICE TO THE CENTER, THE
POLICY PROHIBITS BOARD MEMBERS FROM ENTERING INTO BUSINESS TRANSACTIONS
WITH THE CENTER. ADDITIONALLY, SITTING BOARD MEMBERS ARE REQUIRED TO
DISCLOSE POTENTIAL CONFLICTS AS THEY ARISE, AND TO WITHDRAW FROM DECISIONS
THAT PRESENT A POTENTIAL CONFLICT.
FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION FOR THE EXECUTIVE AND CENTER DIRECTORS IS DETERMINED BY THE
EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS; NO REGULAR SCHEDULE EXISTS
FOR GRANTING PAY INCREASES.
FORM 990, PART VI, SECTION C, LINE 19:
THE FORM 990 WILL BE AVAILABLE UPON REQUEST