** PUBLIC DISCLOSURE COPY ** 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.

Department of the Treasury Internal Revenue Service

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

A F	or the	e 2022 calendar year, or tax year beginning and o	ending		
	heck if oplicable	C Name of organization		D Employer identifi	cation number
	Addres	Cornerstone Advocacy Service			
	Name	_ · · ·		41-14762	68
	Initial return	T	Room/suite	E Telephone numbe	
	Final return/	1000 E 80th St		952-884-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,322,712.
	Ameno return	BIOOMINGCON, MN 55420		H(a) Is this a group re	eturn
	Applic tion	F Name and address of principal officer: Meg Scillabel		for subordinates	? Yes X No
	pendir	same as c above		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) D 501(c) () (insert no.) D 4947(a)(1) o	or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1983 N	M State of legal domicile: MN
Ра	rt I	Summary	<u> </u>		' 1
ø		Briefly describe the organization's mission or most significant activities: Endir			
anc		through community outreach, crisis respons			
Activities & Governance		Check this box if the organization discontinued its operations or dispose		۱ ـ	
30				3	16 16
8		Number of independent voting members of the governing body (Part VI, line 1b)			107
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			77
tivi		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
_		vet difference business taxable income from 1 om 1 330-1,1 art 1, life 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		7,154,477.	
Revenue		Program service revenue (Part VIII, line 2g)		178,785.	156,416.
) Ve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		194,177.	
R		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-673.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,526,766.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,371,170.	32,364.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,010,100.	4,039,246.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
кре	b	Total fundraising expenses (Part IX, column (D), line 25) 303,30	00.		
Ĥ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,868,606.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,249,876.	
		Revenue less expenses. Subtract line 18 from line 12		276,890.	-350,658.
s or	20 21 22			ginning of Current Year	End of Year
sset 3ala	20	Total assets (Part X, line 16)		11,199,430.	10,469,837.
et A	21	Total liabilities (Part X, line 26)		1,315,380.	1,689,517.
Z _i	rt II	Net assets or fund balances. Subtract line 21 from line 20		9,884,050.	8,780,320.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etatomo	and to the heet of my	/ knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi			kilowieuge allu bellel, it is
uu,	001100	g and complete. Declaration of proparet (ether than emech) is based on an information of win	ion proparoi	nas any knowledge.	
Sigr	,	Signature of officer		Date	
Her		Meg Schnabel, Executive Director			
1101		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		Steven D. Anseth, CPA Steven D. Anseth	1, CP 0	6/26/23 if self-employ	P00552219
Prep		Firm's name Abdo LLP	, -		1-1397419
	Jse Only	Firm's address 5201 Eden Ave, Ste 250			-
_		Edina, MN 55436		Phone no. 95	2.835.9090
May	the IF	RS discuss this return with the preparer shown above? See instructions		•	X Yes No

Form **990** (2022)

15250626 759492 41396

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
•	Schedule D, Part III	8		
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		X
h		IZa		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h	х	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b	21	Х
13	Did the appropriation projection of the control of the United Otelson	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	 		_V
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			,,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
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	<u> </u>
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		Х
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		Х
_		_		_

Form	990 (2022) Cornerstone Advocacy Service 41-147	6268	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		- v	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	- 25	
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	,	24a		x
h	Schedule K. If "No," go to line 25a			
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	. 240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		Х
26	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	. 26		Х
27	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	. 27		X
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			ا
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			,,
	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			_~
~ =	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_~
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule O	. 38	X	l
. u	Check if Schedule O contains a response or note to any line in this Part V			
	Chook is Contidued Contidued a response of note to any line in this rail v	<u></u>	Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	.5	162	140
	Enter the number reported in box 5 of Form 1030. Enter 40 in not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

(2022) Cornerstone Advocacy Service Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year employ with or within the year covered by this roturn 10 bit if a least one is reported on line 22, did the organization file all required federal employment tax returns? 22 bit W3 23 bit W7ss 1 has it filed a form 900 T for this year? #760 to line 35, provide an explanation on Schedule O 34 bit W7ss 1 has it filed a form 900 T for this year? #760 to line 35, provide an explanation of Schedule O 35 bit W7ss 1 has it filed a form 900 T for this year? #760 to line 35, provide an explanation of Schedule O 36 bit W7ss 1 has it filed a form 900 T for this year? #760 to line 35, provide an explanation of Schedule O 37 bit 1 W7ss 1 has it filed a foreign country 38 bit 1 W7ss 2 has it filed a foreign country 39 bit 1 W7ss 2 has the mann of the foreign country 39 bit 1 W7ss 2 has the mann of the foreign country 30 bit 1 W7ss 1 bit in 5 are 5 bb, did the organization that it was or is a party to a prohibited tax shelter transaction of 1 W7ss 2 bit in 5 are 5 bb, did the organization that it was or is a party to a prohibited tax shelter transaction or 1 W7ss 2 bit 1 W7ss 2 bit 5 are 5 bb, did the organization that it was or is a party to a prohibited tax shelter transaction or 1 W7ss 2 bit 4 bb organization that were not tax deductible a Are aristable contributions? 30 bit 1 W7ss 2 bit 4 bb organization include with every solicitation an express statement that such contributions origins were not tax ceductible? 31 bit 1 W7ss 2 bit 4 bb organization receive a parimet in excess of 5% and party as a contributions or party are contributed to the party are contribut			ı	I		Yes	No		
b If a least one is reported on line 72, did the organization flea in Project federal employment tax returns? 30 bill the organization have unrelated businessing sizes income of \$1,000 or more during the year? 31 bill 174's, *has it field a Form 990-17 or this year? // *No.* to fire 30, provide an explanation on Schedule 0 32 bill 174's, *has it field a Form 990-17 or this year? // *No.* to fire 30, provide an explanation on Schedule 0 33 bill 174's, *has it field a Form 990-17 or this year? // *No.* to fire 30, provide an explanation on Schedule 0 34 all any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; control of the organization for the organization for the provided accounts of the financial Accounts (FBAR). 35 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 36 bill 27 bill 30 bi	2 a	,		105	,				
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes, *has it filed a Form 9901 for this year? If *We' to lime 3b, provide an explanation on Schedule O. 4c At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c Be if Yes, *vinite the name of the foreign country. 5c Se instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c Uses the organization that we not organization file for m8801 7? 6c 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 a charatable contributions? 6c Uses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6c Organization that may receive deductible contributions under section 170(c). 6d If Yes, *id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 6d Organizations that may receive deductible contributions under section 170(c). 6d If Yes, *id the organization received a contribution or party and party for goods and services provided to the payor? 7d If Yes, *id the organization services provided to the payor? 8d If Yes, *id the organization services apprent it excess \$15° make party as a contribution on party for which it was required to file Form 8282? 7c If Yes, *identified the organization for the donor of the value of the goods or services provided? 7d If Yes, *identified the organization foreign year payoremisms, directly or indirectly, to pay prenitums on a personal benefit									
b If "Yes," talk iffled a Form 890-T for this year? If "Not *to line 3b, provide an explanation on Schedule O. A At any time during the calendary 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 accountry? See instructions for filing requirements for FincCHF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibitote tax shelter transaction at any time during the tax year? Sa Did any taxelibe party notify the organization file Form 888-17 Sa Does the organization a party to a prohibitote tax shelter transaction at any time during the tax year? Sa Does the organization and party to a prohibitote tax shelter transactions? So Did any taxelibe party notify the organization file Form 888-17 So Does the organization and provide that are normally greater than \$100,000, and did the organization social any contributions that that were not tax deductible as charitable contributions? By If "Yes," did the organization include with every socilitation an exposes statement that such contributions or girts were not tax deductible? To repartizations that may receive deductible contributions under section 170(c). By If "Yes," did the organization necessive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? By If "Yes," did the organization necessive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282. If "Yes," indicate the number of Forms \$282 filed during the year Did the organization organization and payments of the value of the goods or services provided? If "Yes," indicate the number of Forms \$282 filed during the year Did the organization received a contribution of cars, boots, and pains	b		ns? .			Х			
4a A arry time during the calendary war, 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 accounts (FBAR). 5b If Yes, 'enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c If Yes's to lide any taxable party notify the organization that It was or is a party to a prohibited tax shelter transaction? 5c If Yes's to lide to be a 15b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5c If Yes's to lide the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles of charable contributions? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the very tax deductibles? 6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contribution and express statement that such contributions or gifts were not tax deductibles a charable contribution. 6c Does the organization shall may receive deductible contribution and express statement that such contributions or gifts were not tax deductibles of a build the organization notity the other of the organization notity the other of the organization notity and party in express of the probability of the organization notity of the organization notity of the organization notity of the organization necessary and trunds, directly or indirectly, on a personal benefit contract? 7c Did the organization received a contribution of qualified intellectual property, did the organization flore that party and the organization necessary and promises distributions under section 4986? 9c Did the organization necessary and under gifted intellectual property, did the organization flore							<u>X</u>		
financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prohibete tax shelter transaction at any time during the tax year? Sa Dos the organization a party to a prohibete at the was or is a party to a prohibete tax shelter transaction? Sb Z X b Did any taxoble party notify the organization file Form 8896 17 Se Time 1 was the organization and party to a prohibete tax shelter transaction? Se Dos the organization and party of a prohibete that are normally greater than \$100,000, and did the organization solicit any contributions that the were not tax deductible as charitable contributions? Se Different to the organization include with very solicitation an express statement that such contributions or gifts were not tax deductible? Organization receive a payment in excess of \$15 made party as a contribution and party for goods and services provided to the payor? So Different that may receive deductible contributions under section 170(c). So Different that may receive deductible contributions under section 170(c). So Different that may receive the during the year of the waste of the goods or services provided? To Different that the party of the payment in excess of \$15 made party as a contribution of payment in the year of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Different the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If If the organization received a contribution of qualified intellectual property, did the organization file Form 1084C? Sponsoring organization have excess business holdings at any time during the year? Sponsoring organization have excess business holdings at any time during the year? Sponsoring organization have excess business hold	_				3b				
b if Yes,* onter 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 for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization and party to a prohibited tax shelter transaction? 5b X 5c If Yes* 1 oil one 5a or 5b, did the organization file for misselen? 5a X 5b If Yes,* oil of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charlable contributions? 6a Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles a charlable contributions? 6b If Yes,* oil dit the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charlable contribution. 7b Organizations that may receive deductible contributions under section 170(c). 8c If Yes,* oil dit the organization notity the donor of the value of the goods or services provided? 7c Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 7c X 7d If Yes,* indicate the number of Forms 8282 filed during the year 8 Did the organization received a contribution or gual property of the programization for the value of the wide of the property of the programization received a contribution of qualified intellectual property, did the organization fle a Form 1088-07 7a X 7b If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-07 7a Sponsoring organization have excess business holdings at any time during the year? 9a Sponsoring organization makes a distribution of cars, boats, airplanes, or related person? 9a Sponsoring organization makes a distributi	4a			•	_		v		
See instructions for filing requirements for FinCRN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5			iccou	nt)?	<u>4a</u>				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line Sa or Sb, did the organization file Form 888617 5c Obes the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 5c Organizations that may receive deductible contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 6c Organizations that may receive deductible contributions under section 170(c). 6c Organizations that may receive deductible contributions under section 170(c). 6c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 7d If "Yes," indicate the number of Forms 8882 filed during the year organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X If Did the organization received a contribution of qualified intellectual property, did the organization file Form 1098-07 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 7h If The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07 7h If The organization received a contribution of cars, boats, airplanes, or other vehicles, di	р								
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.									
If "Yes," complete Form 6069.	17								
					17				
	0000				Form	990	(2022)		

Cornerstone Advocacy Service 41-1476268 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 16 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	MN
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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 only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website X Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

The Organization - 952-884-0376

1000 E 80th St, Bloomington, MN 55420

Form **990** (2022)

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per	box	not c , unle:	Pos heck i ss per	more son i	than of structures to the structure of t	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	In stitutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) Meg Schnabel	40.00									
Executive Director				Х				146,786.	0.	11,922.
(2) Stephanie Revering	2.00									
Chair		Х		X				0.	0.	0.
(3) Sarah Wendorf	2.00									
Vice Chair		Х		Х				0.	0.	0.
(4) Anthony Thomas	2.00									
Treasurer		X		Х				0.	0.	0.
(5) Loren Thacker	2.00									
Secretary		Х		Х				0.	0.	0.
(6) Courtney Grimsrud	2.00									
Director		Х						0.	0.	0.
(7) Dr. LoAnn Heuring	2.00									
Director		X						0.	0.	0.
(8) Cory Bultinck	2.00									
Director		Х						0.	0.	0.
(9) Chris Lockhart	2.00									
Director		Х						0.	0.	0.
(10) Alex Jones	2.00									
Director		Х						0.	0.	0.
(11) Dr. Dan Rubin	2.00									
Director		X						0.	0.	0.
(12) Andrew Miller	2.00									
Director		Х						0.	0.	0.
(13) Sandy Unger	2.00									
Director		X						0.	0.	0.
(14) Lisa Wadsen	2.00									
Director		X						0.	0.	0.
(15) John Weidner	2.00									
Director		X						0.	0.	0.
(16) Martha Stutsman	2.00									
Director		Х						0.	0.	0.
(17) Christine Miller Barneson	2.00									
Director		Х						0.	0.	0.
232007 12-13-22										Form 990 (2022)

Page 8

(F)

Estimated

(E)

Reportable

(D)

Reportable

(A)

Name and title

		week		unies er an			r/trust		from	from related			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)	organization (W-2/1099-MIS 1099-NEC)	ns compens		pensa om th anizat d relat	ation ne tion ted
1b	Subtotal	I							146,786.		0.	1	1,9	22.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.	1	1 0	0.
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n								146,786.	000 of reportable	0.		1,9	<u> </u>
	compensation from the organization	or inflitted to th	000	11010	u un	,000	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 10	ocived more than \$100,	ood of reportable				1
_	5.11										1		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su													
_	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	•				•			· ·			5		Х
Sec	tion B. Independent Contractors	ipiete Scrieduis	<i>- 0 1</i> 0	л зи	CII	<i>JEI</i> 31	OII ·							
1	Complete this table for your five highest co	=	-							· · · · · · · · · · · · · · · · · · ·	pensat	tion fro	om	
	the organization. Report compensation for (A)	tne calendar ye	ear e	nain	ig w	ith c	or Wit	nın	n the organization's tax year. (B)			((()	
	Name and business	address	NC	NE	:			4	Description of s	ervices	С	ompe		n
								1						
								_						
								\dagger						
								\downarrow						
								- 1		l				
2	Total number of independent contractors (in	ncluding but n	ot lin	nited	l to 1	thos	e lis	ted :	above) who received mo	ore than				
2	Total number of independent contractors (i \$100,000 of compensation from the organic		ot lin	nited	l to 1	thos		ted :	above) who received mo	ore than			000	(2022)

Cornerstone Advocacy Service

(C)

Position

(do not check more than one

(B)

Average

Form 990 (2022) Cornerstone Advocacy Service
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
SS	1 :	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts							
20.05		Membership dues 1b 1c	24,778.				
ffs,		I Related organizations 1d	21,770.				
ig ig			138,047.				
ons,			130,047.				
utic	1	All other contributions, gifts, grants, and	794,455.				
ĕŧ			1,889.				
out		Noncash contributions included in lines 1a-1f		4 057 200			
<u>0</u> 8		Total. Add lines 1a-1f		4,957,280.			
		0+h D T	Business Code	77 200	77 200		
<u>c</u>		Other Program Income	900009	77,389.	77,389.		
Program Service Revenue		Rental Revenue	624200	58,883.	58,883.		
ı S.	•	Program Fees	900099	20,144.	20,144.		
ran 3ev	(
og F	•						
٩		All other program service revenue		1-4 114			
		Total. Add lines 2a-2f		156,416.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		118,966.			118,966.
	4	Income from investment of tax-exempt bond pr	oceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 8	Gross rents 6a					
	ı	Less: rental expenses 6b					
	(Rental income or (loss) 6c					
	(Net rental income or (loss)					
	7 8	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 90,050.					
	1	Less: cost or other basis					
e		and sales expenses					
her Revenue		Gain or (loss) 7c 18,890.					
Re		Net gain or (loss)		18,890.			18,890.
ē		Gross income from fundraising events (not					
₽		including \$ 24,778. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	0.				
	ı	Less: direct expenses 8b	7,657.				
		Net income or (loss) from fundraising events	•	-7,657.			-7,657.
		Gross income from gaming activities. See					
		Part IV, line 199a					
	1	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances10a					
		Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
\dashv		The modifie of floody from dates of inventory	Business Code				
ns	11 -						
Jeo Teo							
Miscellaneous Revenue							
Sce	(
Ξ		I All other revenue					
		Total revenue See instructions		5,243,895.	156,416.	0.	130,199.
	12	Total revenue. See instructions		U,4IJ,0JJ.	TOO,410.	ı •	<u> </u>

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 respons	se or note to any line in t	his Part IX(B)	(C)	L
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	32,364.	32,364.		
3	Grants and other assistance to foreign	32,3011	32,3011		
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
•	trustees, and key employees	158,711.	124,724.	23,562.	10,425
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,279,552.	2,576,003.	492,610.	210,939
8	Pension plan accruals and contributions (include	., ., .	, ,	- ,	- ,
_	section 401(k) and 403(b) employer contributions)	56,890.	38,590.	10,191.	8,109
9	Other employee benefits	295,101.	239,680.	10,191. 34,496.	8,109 20,925
10	Payroll taxes	248,992.	194,976.	37,725.	16,291
1	Fees for services (nonemployees):	- ,	- , -	, ,	- , -
	Management				
	Legal				
	Accounting	86,526.		86,526.	
	Lobbying	, ,		, , ,	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	121,103.	52,974.	66,479.	1,650
12	Advertising and promotion	,	,	,	•
13	Office expenses	93,718.	78,912.	9,494.	5,312
14	Information technology	76,410.	49,059.	15,998.	5,312 11,353
 15	Royalties	· ,	,	- ,	,
16	Occupancy	221,200.	210,084.	7,857.	3,259
17	Travel	80,905.	80,749.	156.	- ,
	Payments of travel or entertainment expenses	,	, -		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,166.	3,166.		
20	Interest	21,384.	19,993.	983.	408
21	Payments to affiliates	,	,		
22	Depreciation, depletion, and amortization	146,797.	130,936.	11,211.	4,650
23	Insurance	38,416.	32,080.	5,338.	998
24	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 0.)				
а	Client security	333,464.	333,303.	161.	
	Miscellaneous	135,940.	105,401.	25,344.	5,195
	Repairs and Maintenance	70,462.	64,462.	4,297.	1,703
d	Translator	54,633.	54,633.	-,	= , . 33
	All other expenses	38,819.	32,775.	3,961.	2,083
25	Total functional expenses. Add lines 1 through 24e	5,594,553.	4,454,864.	836,389.	303,300
26	Joint costs. Complete this line only if the organization	, , , , , , , , ,	, , , , , , , , , ,	,	-,
_	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			•	

Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

Par	ťΧ	Balance Sneet					
		Check if Schedule O contains a response or note to	any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,050,046.	1	543,357
	2	Savings and temporary cash investments			37,411.	2	30,877
	3	Pledges and grants receivable, net			814,033.	3	766,995
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substanti	ial co	ontributor, or 35%			
		controlled entity or family member of any of these pe	erso	ns		5	
	6	Loans and other receivables from other disqualified	pers	sons (as defined			
		under section 4958(f)(1)), and persons described in s	ion 4958(c)(3)(B)		6		
2	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			151,362.	9	151,776
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D10		7,076,124.			
	b	Less: accumulated depreciation10		3,158,204.	4,039,800.		3,917,920
	11	Investments - publicly traded securities		5,053,744.	11	4,719,288	
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		F2 024	14	220 604	
	15	Other assets. See Part IV, line 11	l l	53,034.	15	339,624	
	16	Total assets. Add lines 1 through 15 (must equal lin	11,199,430.	16	10,469,837		
	17	Accounts payable and accrued expenses	269,342.	17	264,948		
	18	Grants payable		18	20 /11		
	19	Deferred revenue				19	29,411
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part				21	
ies	22	Loans and other payables to any current or former of					
Liabilities		trustee, key employee, creator or founder, substanti				22	
<u>a</u>	23	controlled entity or family member of any of these posecured mortgages and notes payable to unrelated		: Г	1,037,312.	23	1,058,521
	23 24	Unsecured notes and loans payable to unrelated thi			1,037,312.	24	1,030,321
	25	Other liabilities (including federal income tax, payable				24	
	25	parties, and other liabilities not included on lines 17-					
		of Schedule D	,	· .	8,726.	25	336,637
	26	Total liabilities. Add lines 17 through 25		·····	1,315,380.	26	1,689,517
		Organizations that follow FASB ASC 958, check h					, , .
es		and complete lines 27, 28, 32, and 33.		_			
au	27	Net assets without donor restrictions			9,352,214.	27	8,293,655
Bal	28	Net assets with donor restrictions			531,836.	28	486,665
밀		Organizations that do not follow FASB ASC 958,	che	ck here			
년		and complete lines 29 through 33.					
g	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equip	men	t fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated incom				31	2 =
Ş F	32	Total net assets or fund balances			9,884,050.	32	8,780,320
	33	Total liabilities and net assets/fund balances			11,199,430.	33	10,469,837

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,24		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,59		
3	Revenue less expenses. Subtract line 2 from line 1	3	-35		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,88	4,0	<u>50.</u>
5	Net unrealized gains (losses) on investments	5	-75	3,0'	72.
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	8,78	0,3	20.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	х	
			Form	990	(2022)

SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Employer identification number Name of the organization 41-1476268 Cornerstone Advocacy Service Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4899136.	5201408.	7131784.	7154477.	4957280.	29344085.
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	4899136.	5201408.	7131784.	7154477.	4957280.	29344085.
5	The portion of total contributions						
_	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
6	Public support. Subtract line 5 from line 4.						29344085.
	etion B. Total Support						233110031
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	4899136.	5201408.	7131784.	7154477.	4957280	29344085.
	Gross income from interest,	10331301	32021000	, 101, 010	, , _ , , ,	130,1000	
Ü	dividends, payments received on						
	securities loans, rents, royalties,	85,538.	9,816.	31 092	107 847	118 966	353,259.
_	and income from similar sources	03,330.	J,010.	31,032.	107,047.	110,500.	333,233.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						_
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						20607244
	Total support. Add lines 7 through 10		,				29697344.
	Gross receipts from related activities,	•	,			12	877,690.
13	First 5 years. If the Form 990 is for the						
804	organization, check this box and stor		_				
	ction C. Computation of Publi			. (0)			00 01 0
	Public support percentage for 2022 (I					14	$\frac{98.81}{99.13}$ %
	Public support percentage from 2021					15	
16a	33 1/3% support test - 2022. If the c	-					
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	•	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets 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 l	box on line 13, 16	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s
						Schedule A	(Form 990) 2022

232022 12-09-22

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

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

Sed	ction A. Public Support	siow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or 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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included 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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	() ()	· —
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer 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")? |f "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) purposes.
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 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
1		
•		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
40-		
10a		
10b		
ule A (Forn	n 990)	2022

232024 12-09-22

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	-	elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
·		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
0		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•		
2		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	•		
Sec	supen tion (vised, or controlled the supporting organization. C. Type II Supporting Organizations	2		
000	LIOIT	5. Type it Supporting Organizations		1	·
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
800	the su	upported organization(s). D. All Type III Supporting Organizations	1		
Sec	LIOIT L	5. All Type III Supporting Organizations			l
	D: I II			Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
2	•	ganization maintained a close and continuous working relationship with the supported organization(s). ason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	•	icant voice in the organization's investment policies and in directing the use of the organization's			
	•	·			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Sec	<i>suppo</i> tion E	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1 a		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization satisfied the Additional Test. Complete line 2 perow. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	ام	
2		ties Test. Answer lines 2a and 2b below.	uction	Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140
u		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organization(s) to which the organization was responsive: If Tes, trief if the triadentity esupported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nee activities constituted substantially all of its activities.	2a		
h		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,	u		
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
			2b		
3		activities but for the organization's involvement. It of Supported Organizations. Answer lines 3a and 3b below.	<u> </u>		
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
	-, 4010	1 163 OF THE SUPPORTED OF GAME AND THE TES OF THE PROVIDE CECANIS IT! AND THE	-u	\vdash	

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

3b

Schedule A (Form 990) 2022

5

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

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

5

6

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D,			
line 7:			
Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if			
any. Subtract lines 3g and 4a from line 2. For result greate	r		
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization **Employer identification number** Cornerstone Advocacy Service 41-1476268 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _________\$

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the

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

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

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page

Name of organization Employer identification number

Cornerstone Advocacy Service

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$2,869,243.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$ 284,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$266,202.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

41-1476268

Name of organization Employer identification number

Cornerstone Advocacy Service

41-1476268

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	Schedule R (Form 990) (2022)

Name of organization

Employer identification number 41-1476268 Cornerstone Advocacy Service Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

41-1476268 Cornerstone Advocacy Service

Pai	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		imilar Funds or A	ccounts. Complete if the
	organization answered Tes Orronn 990, Faithy, iii	(a) Donor advise	d 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 he	ld in donor advised fun	de
J	are the organization's property, subject to the organization's	~		
6	Did the organization inform all grantees, donors, and donor a			
Ū	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?	·		
Pai				
1	Purpose(s) of conservation easements held by the organization			,
•	Preservation of land for public use (for example, recrea		Preservation of a hist	orically important land area
	Protection of natural habitat		1	cified historic structure
	Preservation of open space		, , , , , , , , , , , , , , , , , , , ,	
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribu	ution in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
				2d
3	Number of conservation easements modified, transferred, rel			ization during the tax
	year	, ,	, 0	9
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per		ion, handling of	
	violations, and enforcement of the conservation easements it	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	orcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirement	s 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			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's	financial statements th	at describes the
	organization's accounting for conservation easements.			
Pai	rt III Organizations Maintaining Collections of		asures, or Other S	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 95	68, not to report in its reve	nue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 95	i8, to report in its revenue	statement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				_
2	If the organization received or held works of art, historical tre	asures, or other similar as	ssets for financial gain,	provide
	the following amounts required to be reported under FASB A	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
				\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2022

232051 09-01-22

4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's exe	empt pi	urpose in Part	XIII.		
5	During the year, did the organization solicit o	or receive donations of	of art, historical trea	asures, or other simila	ar asset	s			
	to be sold to raise funds rather than to be ma						Yes		No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered "Yes" o	n Form	990, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contributior	ns or other assets not	t includ	ed	_	_	_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		_				
					_ <u> </u>		Amoun	<u>t</u>	
С	Beginning balance					1c			
d	J /					1d			
е	3					1e			
f	Ending balance					1f			
	Did the organization include an amount on Fe	·	•		•	L	Yes	느	∐ No
	If "Yes," explain the arrangement in Part XIII.						<u></u>		
Pal	rt V Endowment Funds. Complete i				1				
		(a) Current year	(b) Prior year	(c) Two years back	(d) II	iree years back	(e) Fou	r years	back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	<u>.</u> %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	and administered for t	:he				
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		

Part VI Land, Buildings, and Equipment.

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.

(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

complete if the digatilization anowards fee of the introduction and the contract of the contra							
Description of property	(a) Cost or other	(b) Cost or other	(c) Accumulated	(d) Book value			
	basis (investment)	basis (other)	depreciation				
1a Land		1,646,911.		1,646,911.			
b Buildings		4,473,607.	2,347,990.	2,125,617.			
c Leasehold improvements							
d Equipment		829,034.	686,836.	142,198.			
e Other		126,572.	123,378.	3,194.			
Total. Add lines 1a through 1e. (Column (d) must equa	3,917,920.						

Schedule D (Form 990) 2022

3a(ii)

3b

Schedule D (Form 990) 2022

b

Public exhibition

Scholarly research

	<u>one Advocacy Ser</u>	vice	41-1476268 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered		_	
(a) Description of security or category (including name of sec	curity) (b) Book value	(c) Method of valuation:	Cost or end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	0.)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 1: Part VIII Investments - Program Relate	ed.		
Complete if the organization answered (a) Description of investment	"Yes" on Form 990, Part IV, line (b) Book value		ne 13. Cost or end-of-year market value
	(b) Book value	(C) Method of Valuation.	Cost of end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (9)			
	2)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 Part IX Other Assets.	3.)		
Complete if the organization answered	"Yes" on Form 990. Part IV. line	11d. See Form 990. Part X. lin	ne 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. Part X Other Liabilities.	(B) line 15.)		
Complete if the organization answered	"Yes" on Form 990. Part IV. line	11e or 11f. See Form 990. Par	rt X. line 25.
(a) Description of liability			(b) Book value
(1) Federal income taxes			(a) Book value
(2) Security Deposits Liab:	ility		8,529
(3) Lease Liability	LIICY		328,108
(4)			320,100
(5)			
(6)			
(7)			
(8)			
(9)	(D) (() () ()		336,637.
otal. (Column (b) must equal Form 990, Part X, col.	, ,		
Liability for uncertain tax positions. In Part XIII, p			
organization's liability for uncertain tax positions	under FASB ASC 740. Check he	ere if the text of the footnote h	as been provided in Part XIII

Schedule D (Form 990) 2022

Par	t XI	Reconciliation of Revenue per Audited Financial St	atements With Revenue	per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total re	evenue, gains, and other support per audited financial statements		1	
2	Amoun	ts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net uni	realized gains (losses) on investments	2a		
b		d services and use of facilities			
С		eries of prior year grants			
d		Describe in Part XIII.)			
е		es 2a through 2d		2e	
3	Subtra	ct line 2e from line 1		3	
4		ts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investn	nent expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lin	es 4a and 4b		4c	
5	Total re	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1	2.)	5	
Pai		Reconciliation of Expenses per Audited Financial S		es per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total e	xpenses and losses per audited financial statements		1	
2	Amoun	ts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donate	d services and use of facilities	2a		
b	Prior ye	ear adjustments	2b		
С	Other le	osses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lin	es 2a through 2d		2e	
3	Subtra	ct line 2e from line 1		3	
4		ts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investn	nent expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
		es 4a and 4b			
5	Total e	xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
		Supplemental Information.			
		lescriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		rt V, line 4; Part X, line 2; Part	XI,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization						Employer ide	ntification number
Corners	tone Advocacy Serv	ice				41-1476	268
Part I Fundraising Activities. required to complete this par	Complete if the organization answet.	red "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Rebuilding		None	(add col. (a) through
			Lives, Resto			col. (c))
4			(event type)	(event type)	(total number)	
Revenue						
eve	1	Gross receipts	24,778.			24,778.
ď						
	2	Less: Contributions	24,778.			24,778.
			,			,
	3	Gross income (line 1 minus line 2)				
		, , , , , , , , , , , , , , , , , , , ,				
	4	Cash prizes				
	5	Noncash prizes				
S						
SUS	6	Rent/facility costs				
xbe						
Direct Expenses	7	Food and beverages				
<u>ie</u>	′	1 ood and beverages				
Ω	۰	Entortainment				
	8	Entertainment Other direct expenses				7,657.
	10		•			7,657.
		•				-7,657.
Pa	11 			000 Part IV line 10 or	reported more than	7,0374
		\$15,000 on Form 990-EZ, line 6a.	answered res on rollin	330, 1 art 17, mic 13, or	reported more triair	
		\$10,000 0111 0111 000 EE, 1110 0a.		(b) Pull tabs/instant		(d) Total gaming (add
e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue				3 1 3		(-7)
Be		Cross revenue				
	1	Gross revenue				
	_	Cook prizos				
ses	_	Cash prizes				
eus	,	Nancock prizes				
Expenses	3	Noncash prizes				
Direct		Pont/facility costs				
Ö	4	Rent/facility costs				
	_	Other direct eveness				
	5	Other direct expenses				
		Valuatoor labor	Yes %	Yes %	Yes %	
	ь	Volunteer labor	No	L No	No	
	_	Direct consequence Add Free Others of	5 in a share (al)			
	′	Direct expense summary. Add lines 2 through	1 5 in column (a)			
		Not remain a improve a common Continue A line 7	fuere line 4 celumen (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
_	Г					
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
t	IT "	No," explain:				
	_					
40		and the constant of the P	and the state of t	and the same of the same of the same		
		ere any of the organization's gaming licenses re				
t	IT "	Yes," explain:				
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 Cornerstone Advocacy Service 41	-1476	268	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\square	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	. —		
	The organization's facility	13a		%
	An outside facility			/ %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	. 100	1	
14	the the hame and address of the person who prepares the organization's gaining/special events books and records.			
	News			
	Name			
	Address			
				—
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ш	Yes	L No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10	daming manager information.			
	Name			
	Name			
	Coming manager companation			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	📖	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lir	nes 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	•	,	, ,
	,,,			
			_	

Schedule G	(Form 990)	Cornerstone	Advocacy	Service	41-1476268	Page 4
Part IV	(Form 990) Supplemental Inform	nation (continued)				
		(55)				
-						
-						

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public

Inspection

Schedule I (Form 990) 2022

Name of the organization	ne Maroca	cy Service					Employer identification number 41-1476268
Part I General Information on Grants a		cy pervice					41-1470200
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro 	to substantiate the stance?						
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) a Enter total number of other organization 	-					<u> </u>	

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					Food and housing for
					individuals in the
ood and housing	139	0.	32,364.	Cost	Organization's programs.
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
Part I, Line 2:					
he Organization provides assistar	nce to ind	lividuals i	n their pr	ogram based	
n the needs of those individuals	in order	to ensure	their safe	ty and	
velfare.					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number Cornerstone Advocacy Service 41-1476268 **Questions Regarding Compensation**

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Meg Schnabel	(i)	146,786.	0.	0.	0.	11,922.	158,708.	0.
Executive Director	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
Part I, Line 3:
The current Board Chair (may include previous Board Chair also) meets with
the Executive Director after the Executive Director provides a narrative
describing the goals, challenges and accomplishments for the year. The
Board Chair uses salary comparability data and/or solicits feedback from
key staff depending upon the Chair's preference. Meeting dates and feedback
are documented in the Executive Director's personnel file.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Cornerstone Advocacy Service

Employer identification number 41-1476268

Form 990, Part III, Line 4a, Program Service Accomplishments:

provided violence education and prevention presentations to over 8,019

students on issues related to domestic violence, sexual assault and
bullying. Our clinical mental health program served 196 families,
including 85 children.

Form 990, Part III, Line 4b, Program Service Accomplishments:

time of crisis. Having the shelter connected to Cornerstone's

comprehensive community-based programming allows families full access

to our complete continuum of services for adults and children. In

addition to regular meetings with their Primary Advocate, shelter

residents work with Youth Counselors and a Parenting Specialist. When

the shelter is full or when shelter is not an appropriate option,

Cornerstone partners with local hotels and motels in order to provide

immediate safe housing to victims. In 2022, we provided 75

householdswith 3,679 nights of safe housing.

Form 990, Part III, Line 4c, Program Service Accomplishments:

housing as they work with Cornerstone staff to address their goal

plans, participate in job readiness training, empowerment courses and

financial literacy workshops. Our Supportive Housing Specialists also

work on-site at two affordable housing complexes, providing advocacy

and resources to low-income families in order to help ensure they are

able to maintain their housing. Cornerstone's Rapid Rehousing

program served 24 families through the provision of rental and utility

assistance, and ongoing supports as they became stabilized.

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization

Cornerstone Advocacy Service

Employer identification number
41-1476268

Form 990, Part III, Line 4d, Other Program Services:

Day One Minnesota

Day One is a statewide program that operates a 24/7 call center,

providing immediate access to safety and services for those affected by

domestic violence, sexual assault or human trafficking. Day One

maintains a secure and confidential online database allowing victim

service agencies the ability to share information about available bed

space and services. The Minnesota Day One Crisis Line immediately

connects the caller directly to a safe location; 34,357 victims or

concerned persons were immediately connected to an advocate. Day One

also provides transportation for victims to reach safety throughout the

state and provides leadership through collective victim service

agencies, other professionals and community members to decrease

barriers to access. Day One leads four collective Initiatives,

including a partnership with Communication Services for the Deaf.

Expenses \$ 951,503. including grants of \$ 0. Revenue \$ 0.

Criminal and Civil Justice Intervention

Criminal and Civil Justice Intervention Services: Advocates function as
a liaison between victims and the judicial system in criminal court

proceedings as well as at the civil level. Cornerstone also
facilitates partnerships in the criminal justice system with local law
enforcement agencies, prosecutors and the courts to improve the justice
process and protect victims by utilizing a Lethality Screen, increasing
offender accountability and developing best practices for law
enforcement response to domestic calls. General Crime Services:

Provides immediate 24/7 crisis phone response through our general crime

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization Cornerstone Advocacy Service Employer identification number 41-1476268

line and links victims of both property and crimes against persons with advocacy, support, therapy, and emergency fund assistance. In 2022, we served appromilately 2000 victims.

Expenses \$ 1,258,112. including grants of \$ 0. Revenue \$ 0.

General Crime Program

This includes providing advocacy, resources, outreach and support to
those who have experienced any type of crime victimization and
administers the State of Minnesota's Crime Victim Emergency Fund. In
2022, we served just over 500 crime victims and distributed emergency
crime funds to 300 individuals.

Sexual Assault Services:

This includes providing advocacy and support for sexual assault survivors, as well as affordable, specialized mental health services for children, youth and families traumatized by domestic violence, sexual assault, and human trafficking/exploitation. In 2022, we served 236 victims of sexual assault and responded to 1851 crisis line calls. Expenses \$ 234,894. including grants of \$ 0. Revenue \$ 0.

Volunteer Program

Cornerstone's volunteer program was significantly limited as a result

of the pandemic and the restrictions placed on the number of people

allowed in the building at any given time. During 2022, individuals and

groups contributed920 hoursof volunteer service to Cornerstone.

Activities included working outside on our grounds, administrative work

and research projects.

Expenses \$ 9,355. including grants of \$ 0. Revenue \$ 0.

Schedule O (Form 990) 2022 Page 2

Name of the organization

Cornerstone Advocacy Service

Employer identification number
41-1476268

Form 990, Part VI, Section A, line 1a:

The Executive Committee is made up of the elected officers and includes

Chairperson, Vice Chair, Treasurer, Secretary, and Past Chairperson. The

Executive Committee shall act on behalf of the full Board of Directors

regarding matters requiring Board action between regularly scheduled board

meetings. The Executive Committee will then inform the Board of Directors

of any decisions at the next regularly scheduled board meeting.

Form 990, Part VI, Section B, line 11b:

All board members are provided a copy of the form 990 and are offered a venue to provide feedback or ask questions after extensive review and consultation and clarification from Cornerstone's accounting staff. The Finance Committee recommends acceptance to the board.

Form 990, Part VI, Section B, Line 12c:

The policy is clearly discussed with board members and key employees when we request them to sign it. The Executive Director reviews the signed policies for any actual conflicts, and brings it to the Executive Committee if any appears to exist. If a conflict exists the board member or key staff is removed from the decision making process. Cornerstone also has a 3 bid policy for vendors and the conflict of interest policy is again talked about with staff during the time we obtain bids.

Form 990, Part VI, Section B, Line 15:

The current Board Chair (may include previous Board Chair also) meets with

the Executive Director after the Executive Director provides a narrative

describing the goals, challenges and accomplishments for the year. The

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** Cornerstone Advocacy Service 41-1476268 Board Chair uses salary comparability data and/or solicits feedback from key staff depending upon the Chair's preference. Meeting dates and feedback are documented in the Executive Director's personnel file. The Executive Director meets with key staff after key staff provides narrative answering specific questions selected by the Executive Director. The Executive Director uses salary comparability data and/or solicits feedback from the key employee's staff. Also, the MN Council of Nonprofits puts out a salary survey and that is used as a guide for salaries. Meeting dates and feedback are documented in key staff members' personnel files. Form 990, Part VI, Section C, Line 19: Public documents are available upon request. Form 990, Part XII, Line 2c: The process has not changed from the prior year.

SCHEDULE R (Form 990)

Name of the organization

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Cornerstone Advocacy Service								
Part I Identification of Disregarded Entities. Com	nplete if the organization answered "Yes" o	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco			(f) Direct controlling entity)
National Day One, LLC - 26-2464038 1000 East 80th Street Bloomington, MN 55420	East 80th Street One model beyond borders of			4.	30,727.	Cornerstone Service	Advoca	су
Part II Identification of Related Tax-Exempt Organizations during the tax year. (a) Name, address, and EIN	nizations. Complete if the organization ar (b) Primary activity	swered "Yes" on Form 990 (c) Legal domicile (state or	(d) Exempt Code	(e)		related tax-exe (f) act controlling	Section 5	g) 512(b)(13)
of related organization	Timary dollvity	foreign country)	section	status (if section 501(c)(3))		entity	controlled entity?	
				(-)(-	,		Yes	No
For Paperwork Reduction Act Notice, see the Instruc	tions for Form 990.					Schedule R	 (Form 99	0) 2022

		0 11 1611 1 11	", " = 000	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 34, because it h	ad one or more related
Partill	organizations treated as a partnership during the tax year.				
	organizations treated as a partnership daring the tax year.				

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	Percenta ping owners er?	tage ship
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10	
										Ш		

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

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

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	in Parts II-IV?					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
					1b				
С	Gift, grant, or capital contribution from related organization(s)				1c				
	Loans or loan guarantees to or for related organization(s)				1d				
	Loans or loan guarantees by related organization(s)				1e				
f	Dividends from related organization(s)				1f				
g	Sale of assets to related organization(s)				1g				
h	Purchase of assets from related organization(s)				1h				
i	Exchange of assets with related organization(s)				1i				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k				
ı	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11				
· m	Performance of services or membership or fundraising solicitations by related organ				1m				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n				
					10				
٠	Chaining of paid employees marrolated enganization(e)								
р	Reimbursement paid to related organization(s) for expenses				1р				
	Reimbursement paid by related organization(s) for expenses				1q				
r	Other transfer of cash or property to related organization(s)				1r				
					1s				
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered r	elationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ir	volved				
4\									
')									
2)									
3)									
4)									
*)									
5)									

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner? Yes No	(k) r Percentage ownership

Schedule R (Form 990) 2022

Form 8879-TF

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tor a Lay	Exempt Entity
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For calendar year 2022, or fiscal year beginning

, 2022, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN Cornerstone Advocacy Service 41-1476268 Name and title of officer or person subject to tax Meg Schnabel Executive Director Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **L b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) ______ **1b** 5, 243, 895. Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) _______ **2b** 2a Form 990-EZ check here Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b Form 8868 check here 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b 10a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 41396 X Lauthorize Abdo LLP to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **** THIS IS NOT A FILEABLE COPY **** **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 41321600062 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 06/26/23 ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022)

202521 12-16-22

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

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print Cornerstone Advocacy Service 41-1476268 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1000 E 80th St return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. Bloomington, MN 55420 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) The Organization • The books are in the care of \blacktriangleright 1000 E 80th St - Bloomington, MN 55420 Telephone No. ▶ 952-884-0376 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until November 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

223841 04-01-22

LHA

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

Form 8868 (Rev. 1-2022)

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

December 31, 2022

Prepared For:

Cornerstone Advocacy Service 1000 E 80th St Bloomington, MN 55420

Prepared By:

Abdo LLP 5201 Eden Ave, Ste 250 Edina, MN 55436

Amount of Tax:

Balance due of \$25

Make Check Payable To:

State of Minnesota

Mail Tax Return To:

Minnesota Attorney Generals Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Return must be mailed on or before:

July 17, 2023

Special Instructions:

The report should be signed and dated by an authorized individual(s).

Include the organization's Federal Employer Identification Number and 2022 Annual Report on the check or money order.