

COPY FOR I.R.S.

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2000

Open to Public Inspection

Form 990

Department of the Treasury Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2000 calendar year, OR tax year period beginning JUL 1, 2000 and ending JUN 30, 2001

B Check if applicable: Change of address, Change of name, Initial return, Final return, Amended return. C Name of organization: CORNERSTONE COMMUNITY OUTREACH. D Employer identification number: 36-3670992. E Telephone number: 773-561-2450. F Check if application pending.

G Organization type (check only one): [X] 501(c) (03) (insert no) [] 527 OR [] 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method: [] Cash [X] Accrual [] Other (specify)

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

H(a) Is this a group return for affiliates? [] Yes [X] No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? N/A [] Yes [] No. H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No. I Enter 4-digit group exemption no (GEN). L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns. Rows include: 1 Contributions gifts grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6 Gross rents; 7 Other investment income; 8 Gross amount from sale of assets other than inventory; 9 Special events and activities; 10 Gross sales of inventory, less returns and allowances; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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FILED APR 09 2002

Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule)					
	cash \$ _____ noncash \$ _____					
23	Specific assistance to individuals (attach schedule)	72,935.	72,935.	STATEMENT 3		
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc	39,102.	39,102.	0.	0.	
26	Other salaries and wages	265,116.	265,116.			
27	Pension plan contributions					
28	Other employee benefits	84,403.	84,403.			
29	Payroll taxes	23,337.	23,337.			
30	Professional fundraising fees					
31	Accounting fees	7,875.		7,875.		
32	Legal fees					
33	Supplies	54,544.	54,399.	145.		
34	Telephone	17,517.	17,517.			
35	Postage and shipping	4,721.		2,652.	2,069.	
36	Occupancy	130,991.	130,991.			
37	Equipment rental and maintenance	49,326.	49,210.	116.		
38	Printing and publications	2,394.	1,160.		1,234.	
39	Travel	12,634.	12,634.			
40	Conferences, conventions, and meetings	5,275.	5,275.			
41	Interest	110,352.	102,533.	7,619.	200.	
42	Depreciation, depletion etc (attach schedule)	109,022.	103,636.	4,518.	868.	
43	Other expenses (itemize)					
	a _____	43a				
	b _____	43b				
	c _____	43c				
	d _____	43d				
	e SEE STATEMENT 1	43e	187,895.	182,590.	5,305.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44	1,177,439.	1,144,838.	28,230.	4,371.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a HOUSING SHELTER/WARMING CENTER - PROVIDE RELOCATION SERVICE FOR WOMEN AND THEIR CHILDREN LOOKING TO ESCAPE AN ABUSIVE SITUATION. THE FACILITY IS ALSO A WARMING CENTER. THE SHELTER CAN ACCOMODATE 70 PEOPLE. (Grants and allocations \$ _____)	693,713.
b TRANSITIONAL LIVING - PROVIDE WOMEN FINANCIAL AND EMOTIONAL SUPPORT WHILE ASSISTING THEM IN ACHEIVING EDUCATIONAL GOALS AND EVENTUAL FINANCIAL INDEPENDENCE. (Grants and allocations \$ _____)	201,215.
c SUBSIDIZED HOUSING - PROVIDE REASONABLE HOUSING FOR SENIOR CITIZENS AT FRIENDLY TOWERS. (Grants and allocations \$ _____)	103,808.
d OTHER PROGRAMS INCLUDE COMPUTER & LIFE SKILLS AND "BROTHAS & SISTAS" WHICH PROVIDES AFTER SCHOOL ACTIVITIES & TUTORING FOR AREA YOUTH. (Grants and allocations \$ _____)	146,102.
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,144,838.

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	685.	45 6,543.
	46 Savings and temporary cash investments		46 15,978.
	47 a Accounts receivable		
	b Less allowance for doubtful accounts	1,735.	47c
	48 a Pledges receivable	2,500.	
	b Less allowance for doubtful accounts		48c 2,500.
	49 Grants receivable	65,952.	49 54,670.
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	2,989.	53 315.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment basis		
	b Less accumulated depreciation		55c
56 Investments - other		56	
57 a Land, buildings, and equipment basis	3,558,016.		
b Less accumulated depreciation STMT 4	655,782.	57c 1,474,883.	
58 Other assets (describe <input type="checkbox"/>)		58 2,902,234.	
59 Total assets (add lines 45 through 58) (must equal line 74)	1,546,244.	59 2,982,240.	
Liabilities	60 Accounts payable and accrued expenses	23,007.	60 125,299.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable STMT 5 STMT 6	454,215.	64b 1,848,813.
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 7)	840,685.	65 833,538.
66 Total liabilities (add lines 60 through 65)	1,317,907.	66 2,807,650.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	206,967.	67 146,953.
	68 Temporarily restricted	21,370.	68 27,637.
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	228,337.	73 174,590.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,546,244.	74 2,982,240.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	1,172,344.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments		
(2)	Donated services and use of facilities		48,652.
(3)	Recoveries of prior year grants		
(4)	Other (specify)		
	Add amounts on lines (1) through (4)	b	48,652.
c	Line a minus line b	c	1,123,692.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	1,123,692.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	1,226,091.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities		48,652.
(2)	Prior year adjustments reported on line 20, Form 990		
(3)	Losses reported on line 20, Form 990		
(4)	Other (specify)		
	Add amounts on lines (1) through (4)	b	48,652.
c	Line a minus line b	c	1,177,439.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990		
(2)	Other (specify)		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	1,177,439.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CURT MORTIMER 920 W. WILSON CHICAGO, IL 60640	PRESIDENT 2-3	0.	0.	0.
REV. RONALD BROWN 920 W. WILSON CHICAGO, IL 60640	VICE PRESIDENT 2-3	0.	0.	0.
DENNIS CADIEUX 920 W. WILSON CHICAGO, IL 60640	SECRETARY 2-3	0.	0.	0.
NEIL TAYLOR 920 W. WILSON CHICAGO, IL 60640	TREASURER 2-3	0.	0.	0.
DAWN MORTIMER 920 W. WILSON CHICAGO, IL 60640	BOARD MEMBER 1-2	0.	0.	0.
THOMAS CAMERON 920 W. WILSON CHICAGO, IL 60640	BOARD MEMBER 1-2	0.	0.	0.
SANDRA RAMSEY 939 W. WILSON CHICAGO, IL 60640	EXECUTIVE DIRECTOR 40	39,102.	10,847.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule Yes No

Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization JESUS PEOPLE USA CHURCH and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		0.
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions for reporting in Part III)	82b		48,652.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	501(c)(4), (5), or (6) organizations			
a	Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		N/A
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		N/A
86	501(c)(7) organizations			
a	Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations			
a	Gross income from members or shareholders	87a		N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed ILLINOIS			
b	Number of employees employed in the pay period that includes March 12, 2000	90b		17

91 The books are in care of **CURT MORTIMER** Telephone no **(773) 561-2450**

Located at **939 W. WILSON, CHICAGO, IL** ZIP code **60640**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year **92** N/A

Part VII Analysis of Income-Producing Activities

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a CLIENT FEES					26,173.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	26,173.
105 Total (add line 104, columns (B), (D), and (E))					26,173.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	CLIENT FEES RECEIVED IN EXCHANGE FOR CLOTHING, SHELTER AND FOOD. FEES BASED ON ABILITY TO PAY; NO INDIVIDUAL IS REFUSED SERVICE BASED ON INABILITY TO PAY FEE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

accompanying schedules and statements, and to the best of my knowledge and belief it is true, information of which preparer has any knowledge. (Important: See General Instruction W)

12/02 Curt Mortimer (Pres)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2000

Department of the Treasury
Internal Revenue Service

Supplementary Information

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

CORNERSTONE COMMUNITY OUTREACH

Employer identification number

36 3670992

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?		X
4 a Do you have a section 403(b) annuity plan for your employees?		X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5** A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7** A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting**
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,042,071.	1,071,949.	797,517.	739,090.	3,650,627.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc. purpose	15,236.	13,905.	20,247.	17,866.	67,254.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975			16.	19.	35.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	1,057,307.	1,085,854.	817,780.	756,975.	3,717,916.
24 Line 23 minus line 17	1,042,071.	1,071,949.	797,533.	739,109.	3,650,662.
25 Enter 1% of line 23	10,573.	10,859.	8,178.	7,570.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 73,013.
	b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.				26b 0.
	c Total support for section 509(a)(1) test. Enter line 24, column (e).				26c 3,650,662.
	d Add Amounts from column (e) for lines	18 35.	19		26d 35.
		22	26b		26e 3,650,627.
	e Public support (line 26c minus line 26d total)				26f 99.9990%
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year.				
	(1999)	(1998)	(1997)	(1996)	
	N/A				
	b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.				
	(1999)	(1998)	(1997)	(1996)	
	N/A				
	c Add Amounts from column (e) for lines	15	16		27c N/A
		17	20	21	27d N/A
	d Add Line 27a total and line 27b total				27e N/A
	e Public support (line 27c total minus line 27d total)				
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

Part V Private School Questionnaire
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above please explain (If you need more space, attach a separate statement)		

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check here If the organization belongs to an affiliated group

Check here If you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Schedule B
(Form 990 or 990-EZ)

Schedule of Contributors

OMB No 1545-0047

Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

2000

Department of the Treasury
Internal Revenue Service

Name of organization

CORNERSTONE COMMUNITY OUTREACH

Employer identification number
36-3670992

Organization type (check one)-Section 501(c)(03) ◀ (enter number) 527 or 4947(a)(1) nonexempt charitable trust

A Section 501(c)(7), (8), or (10) organizations-

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below) ▶

Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$

Note: This form is generally not open to public inspection except for section 527 organizations.

General Instructions

Purpose of Form

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ)

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization

Who Must File Schedule B (Form 990 or 990-EZ)

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ

Caution Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ)

Public Inspection

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non-section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ

See the instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ)

Contributors Required To Be Listed On Part I

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations

General rule Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year

Section 501(c)(3) organizations For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a))

Example A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000

Section 501(c)(7), (8), or (10) organizations For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000 aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III

Specific Instructions

Note You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part

Part I In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually)

Part II In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value

Part III Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations

Name of organization

Employer identification number

CORNERSTONE COMMUNITY OUTREACH

36-3670992

Part I Contributors

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
1		\$ 49,608.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
2		\$ 193,359.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
3		\$ 330,338.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
4		\$ 129,282.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
5		\$ 19,251.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
6		\$ 84,993.	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - IRC 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	LAND	VARIESL				82,947.			82,947.			0.
38	SYLVIA CENTER LAND	063001L				150,000.			150,000.			0.
	* 990 PAGE 2 TOTAL -					232,947.		0.	232,947.	0.	0.	0.
14	1997 CHEVY VAN	010197SL		5.00	19	24,905.			24,905.	16,730.		5,433.
15	1987 FORD VAN	010197SL		5.00	19	2,250.			2,250.	1,575.		450.
19	1996 DODGE VAN	010198SL		5.00	19	3,500.			3,500.	1,750.		700.
30	1993 FORD TAURUS	071699SL		5.00	19	3,000.			3,000.	550.		600.
39	1995 NISSAN PATHFINDER	010101SL		5.00	19	7,458.			7,458.			746.
	* 990 PAGE 2 TOTAL -					41,113.		0.	41,113.	20,605.	0.	7,929.
2	BUILDING	VARIESL		30.00	19	331,790.			331,790.	117,228.		9,958.
40	SYLVIA CENTER	010101SL		30.00	19	1357764.			1357764.			22,629.
	* 990 PAGE 2 TOTAL -					1689554.		0.	1689554.	117,228.	0.	32,587.
4	LEASEHOLD IMPROVEMENTS	VARIESL		30.00	19	272,121.			272,121.	92,363.		9,071.
5	LEASEHOLD IMPROVEMENTS	070195SL		30.00	19	34,365.			34,365.	5,654.		1,146.
6	BUILDING REHAB	VARIESL		30.00	19	1013565.			1013565.	153,093.		33,786.
19	1997 LEASEHOLD	010197SL		7.00	19	680.			680.	340.		97.
16	IMPROVEMENTS	050698SL		15.00	19	14,500.			14,500.	2,095.		1,467.
20	TUCKPOINTING & LINTEL WORK	052699SL		30.00	19	28,773.			28,773.	1,439.		1,481.
26	SECURITY CAMERAS											

2000 DEPRECIATION AND AMORTIZATION REPORT

990

FORM 990 PAGE 2

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
27	SHOWERS	111698SL		30.00	19	4,350.			4,350.	218.		145.
28	ELECTRICAL IMPROVEMENTS	121898SL		30.00	19	4,050.			4,050.	202.		135.
	* 990 PAGE 2 TOTAL -					1372404.		0.	1372404.	255,404.	0.	47,328.
7	FURNITURE	VARIABLES		5.00	19	52,236.			52,236.	52,236.		0.
8	FURNITURE	070195SL		5.00	19	10,219.			10,219.	10,119.		100.
31	TELEVISIONS	070699SL		5.00	19	1,053.			1,053.	211.		211.
32	TV CARTS	071499SL		5.00	19	656.			656.	131.		131.
33	DRESSERS	022500SL		5.00	19	9,730.			9,730.	649.		813.
34	BUNK BEDS	040700SL		5.00	19	796.			796.	40.		159.
	* 990 PAGE 2 TOTAL -					74,690.		0.	74,690.	63,386.	0.	1,414.
35	COMPUTER MONITOR & TOWER	081999SL		5.00	19	1,530.			1,530.	255.		204.
41	COMPUTERS	010101SL		5.00	19	1,999.			1,999.			200.
	* 990 PAGE 2 TOTAL -					3,529.		0.	3,529.	255.	0.	404.
9	OFFICE EQUIPMENT	070195SL		5.00	19	22,240.			22,240.	17,219.		5,021.
10	KITCHEN EQUIPMENT	VARIABLES		5.00	19	44,415.			44,415.	44,415.		0.
11	KITCHEN EQUIPMENT	070195SL		5.00	19	8,322.			8,322.	6,220.		2,102.
13	OTHER EQUIPMENT	070195SL		5.00	19	2,105.			2,105.	1,625.		421.
17	OFFICE EQUIPMENT	010197SL		5.00	19	1,100.			1,100.	770.		330.

(D) - Asset disposed

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
18	KITCHEN EQUIPMENT	010197SL		7.00	19	7,897.			7,897.	3,748.		2,128.
214	COMPUTERS - CYPER MAX	111297SL		5.00	19	6,290.			6,290.	3,305.		2,320.
22	PLAYGROUND EQUIPMENT	071897SL		7.00	19	21,980.			21,980.	9,158.		3,239.
23	COMPUTER	082997SL		5.00	19	1,111.			1,111.	629.		222.
24	IBM COMPUTER	010398SL		5.00	19	1,225.			1,225.	613.		245.
25	COMPAQ COMPUTER	012298SL		5.00	19	1,138.			1,138.	551.		228.
29	COMPUTERS & PRINTER	112598SL		5.00	19	3,573.			3,573.	1,072.		715.
36	MEAT SLICER	072799SL		5.00	19	1,101.			1,101.	202.		220.
37	BOILER	082599SL		5.00	19	2,130.			2,130.	355.		426.
42	MIXER	010101SL		7.00	19	2,470.			2,470.			176.
43	EMERGENCY LIGHTS	010101SL		7.00	19	3,507.			3,507.			250.
44	COMPUTERS	010101SL		5.00	19	13,175.			13,175.			1,317.
	* 990 PAGE 2 TOTAL -					143,779.		0.	143,779.	89,882.	0.	19,360.
	** GRAND TOTAL 990 PAGE 2 DEPR					3558016.		0.	3558016.	546,760.	0.	109,022.

FORM 990	OTHER EXPENSES	STATEMENT	1
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	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DESCRIPTION				
DUES AND SUBSCRIPTIONS	2,782.	2,782.		
INSURANCE	22,690.	20,650.	2,040.	
BANK FEES	3,265.		3,265.	
PROGRAM EXPENSE	44,977.	44,977.		
MISCELLANEOUS	373.	373.		
SENIOR RENT SUBSIDY	103,808.	103,808.		
PROFESSIONAL FEES	10,000.	10,000.		
TOTAL TO FM 990, LN 43	187,895.	182,590.	5,305.	

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	2
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EXPLANATION

IMPROVE THE QUALITY OF LIFE FOR DISADVANTAGED, DISPLACED AND UNDER-PRIVILEGED PEOPLE IN THE UPTOWN NEIGHBORHOOD OF CHICAGO.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT	3
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	AMOUNT
DESCRIPTION	
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.	72,935.
TOTAL TO FORM 990, PART II, LINE 23	72,935.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	4
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	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
DESCRIPTION			
LAND	82,947.	0.	82,947.
BUILDING	331,790.	127,186.	204,604.
LEASEHOLD IMPROVEMENTS	272,121.	101,434.	170,687.
LEASEHOLD IMPROVEMENTS	34,365.	6,800.	27,565.
BUILDING REHAB	1,013,565.	186,879.	826,686.

CORNERSTONE COMMUNITY OUTREACH

36-3670992

FURNITURE	52,236.	52,236.	0.
FURNITURE	10,219.	10,219.	0.
OFFICE EQUIPMENT	22,240.	22,240.	0.
KITCHEN EQUIPMENT	44,415.	44,415.	0.
KITCHEN EQUIPMENT	8,322.	8,322.	0.
OTHER EQUIPMENT	2,105.	2,046.	59.
1997 CHEVY VAN	24,905.	22,163.	2,742.
1987 FORD VAN	2,250.	2,025.	225.
1997 LEASEHOLD IMPROVEMENTS	680.	437.	243.
OFFICE EQUIPMENT	1,100.	1,100.	0.
KITCHEN EQUIPMENT	7,897.	5,876.	2,021.
1996 DODGE VAN	3,500.	2,450.	1,050.
TUCKPOINTING & LINTEL WORK	14,500.	3,562.	10,938.
4 COMPUTERS - CYPER MAX	6,290.	5,625.	665.
PLAYGROUND EQUIPMENT	21,980.	12,397.	9,583.
COMPUTER	1,111.	851.	260.
IBM COMPUTER	1,225.	858.	367.
COMPAQ COMPUTER	1,138.	779.	359.
SECURITY CAMERAS	28,773.	2,920.	25,853.
SHOWERS	4,350.	363.	3,987.
ELETRICAL IMPROVEMENTS	4,050.	337.	3,713.
COMPUTERS & PRINTER	3,573.	1,787.	1,786.
1993 FORD TAURUS	3,000.	1,150.	1,850.
2 TELEVISIONS	1,053.	422.	631.
2 TV CARTS	656.	262.	394.
27 DRESSERS	9,730.	1,462.	8,268.
BUNK BEDS	796.	199.	597.
COMPUTER MONITOR & TOWER	1,530.	459.	1,071.
MEAT SLICER	1,101.	422.	679.
BOILER	2,130.	781.	1,349.
SYLVIA CENTER LAND	150,000.	0.	150,000.
1995 NISSAN PATHFINDER	7,458.	746.	6,712.
SYLVIA CENTER	1,357,764.	22,629.	1,335,135.
COMPUTERS	1,999.	200.	1,799.
MIXER	2,470.	176.	2,294.
EMERGENCY LIGHTS	3,507.	250.	3,257.
COMPUTERS	13,175.	1,317.	11,858.
TOTAL TO FORM 990, PART IV, LN 57	3,558,016.	655,782.	2,902,234.

FORM 990	MORTGAGES PAYABLE	STATEMENT	5
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DESCRIPTION	BALANCE DUE
NATIONAL COVENANT PROPERTIES	328,008.
NATIONAL COVENANT PROPERTIES	31,466.
EVANGELICAL COVENANT CHURCH	23,740.
DAVID BAUM	1,430,027.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	1,813,241.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 6

LENDER'S NAME TERMS OF REPAYMENT

UPTOWN NATIONAL BANK \$493/MONTH

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
04/22/97	04/25/02	23,000.	10.20%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

1997 CHEVY EXPRESS VAN PURCHASE VAN

RELATIONSHIP OF LENDER

BANKER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	0.	4,711.

LENDER'S NAME TERMS OF REPAYMENT

UPTOWN NATIONAL BANK-LINE OF CREDIT INTEREST ONLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
	02/01/00	30,000.	9.75%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

SIGNATURE IMPROVE PROPERTY

RELATIONSHIP OF LENDER

BANKER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	0.	25,000.

LENDER'S NAME TERMS OF REPAYMENT

UPTOWN NATIONAL BANK \$199 PER MONTH

<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
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06/18/01	05/18/04	6,000.	11.75%
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SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

1995 NISSAN PATHFINDER PURCHASE VAN

RELATIONSHIP OF LENDER

BANKER

<u>DESCRIPTION OF CONSIDERATION</u>	<u>FMV OF CONSIDERATION</u>	<u>BALANCE DUE</u>
CASH	0.	5,861.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		35,572.
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<u>FORM 990</u>	<u>OTHER LIABILITIES</u>	<u>STATEMENT</u>	<u>7</u>
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
REFUNDABLE ADVANCE	9,573.
FORGIVABLE LT DEBT-CHGO DEPT OF HOUSING	809,565.
NOTE PAYABLE TO JESUS PEOPLE USA	14,400.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	833,538.

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box

Note Only complete **Part II** if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print	Name of Exempt Organization CORNERSTONE COMMUNITY OUTREACH	Employer identification number 36-3670992
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 939 W. WILSON	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions CHICAGO, IL 60640	

Check type of return to be filed (File a separate application for each return)

- Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP- Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box
 • If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2002
 5 For calendar year _____, or other tax year beginning JUL 1, 2000 and ending JUN 30, 2001
 6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO PREPARE THE FINANCIAL STATEMENTS NECESSARY TO COMPLETE THE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____
 b If this application is for Form 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 and any amount paid previously with Form 8868 \$ _____
 c **Balance Due** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Carol Cullinan Title CPA Date 2/13/2002

Notice to Applicant - To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
 We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
 We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10-day grace period
 We cannot consider this application because it was filed after the due date of the return for which an extension was requested
 Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name DESMOND & AHERN, LTD. ATTN: C. CULLINAN
	Number and street (include suite, room, or apt no.) Or a P O box number 10827 S. WESTERN AVE.
	City or town, province or state, and country (including postal or ZIP code) CHICAGO, IL 60643

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization CORNERSTONE COMMUNITY OUTREACH	Employer identification number 36-3670992
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions. 939 W. WILSON	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHICAGO, IL 60640	

Check type of return to be filed (file a separate application for each return)

- | | | |
|----------------------------------------------|------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return** enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover _____

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until **FEBRUARY 15, 2002** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning **JUL 1, 2000**, and ending **JUN 30, 2001**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *Carol Cullison* Title ▶ CPA Date ▶ 11/6/2001

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)