

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization CORNERSTONE COMMUNITY OUTREACH		D Employer identification number 36-3670992
		Number and street (or P O box if mail is not delivered to street address) Room/suite 939 W. WILSON		E Telephone number 773-561-2450
		City or town, state or country, and ZIP + 4 CHICAGO, IL 60640		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site: **WWW.CCOLIFE.ORG**

J Organization type (check only one) 501(c) (03) (insert no) 4947(a)(1) or 527

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.

I Enter 4-digit GEN ▶

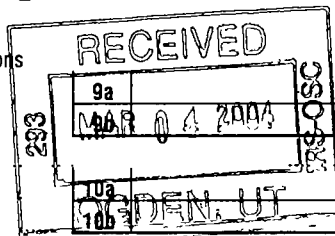
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,150,962.**

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

Revenue

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	1,224,738.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	839,230.		
d	Total (add lines 1a through 1c) (cash \$ 1,879,972. noncash \$ 183,996.)	1d		2,063,968.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		11,033.	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		175.	
5	Dividends and interest from securities	5		1,082.	
6 a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7			
8 a	Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
		73,248.	8a		
b	Less cost or other basis and sales expenses	74,660.	8b		
c	Gain or (loss) (attach schedule)	<1,412.>	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1	8d		<1,412.>	
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses				
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11		1,456.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		2,076,302.	
13	Program services (from line 44, column (B))	13		2,007,611.	
14	Management and general (from line 44, column (C))	14		67,292.	
15	Fundraising (from line 44, column (D))	15		7,326.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17		2,082,229.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		<5,927.>	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		708,759.	
20	Other changes in net assets or fund balances (attach explanation)	20		0.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		702,832.	



223001 01-22-03

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (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. Page 2

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)	131,280.	131,280.	STATEMENT 4		
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc.	66,039.	66,039.	0.	0.	
26	Other salaries and wages	499,650.	498,784.	807.	59.	
27	Pension plan contributions					
28	Other employee benefits	127,409.	127,201.	195.	13.	
29	Payroll taxes	47,132.	47,055.	73.	4.	
30	Professional fundraising fees					
31	Accounting fees	16,005.		16,005.		
32	Legal fees	4,008.		4,008.		
33	Supplies	146,584.	141,998.	4,342.	244.	
34	Telephone	50,368.	42,768.	5,794.	1,806.	
35	Postage and shipping	3,168.	282.	2,331.	555.	
36	Occupancy	124,655.	123,114.	846.	695.	
37	Equipment rental and maintenance	2,117.	2,117.			
38	Printing and publications	1,337.	167.		1,170.	
39	Travel	24,816.	24,093.	698.	25.	
40	Conferences, conventions, and meetings	2,058.	2,058.			
41	Interest	276,206.	269,639.	5,389.	1,178.	
42	Depreciation, depletion, etc (attach schedule)	161,608.	157,368.	3,139.	1,101.	
43	Other expenses not covered above (itemize)					
a	_____	43a				
b	_____	43b				
c	_____	43c				
d	_____	43d				
e	SEE STATEMENT 2	43e	397,789.	373,648.	23,665.	476.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	2,082,229.	2,007,611.	67,292.	7,326.

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? 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 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a	TRANSITIONAL & EMERGENCY SHELTERS-PROVIDE FAMILIES WITH UP TO 120 DAYS OF SHELTER & SERVICES INCLUDING MEALS, COUNSELING, CLOTHING, JOB TRAINING, DAYCARE & LIFE SKILL TRAINING. SERVES 75 PEOPLE DAILY & 340 ANNUALLY. (Grants and allocations \$ _____)	1,109,741.
b	SECOND STAGE HOUSING - OFFERS 18 SINGLE HOMELESS MOTHERS AND THEIR CHILDREN ONE YEAR OF HOUSING IN 2-3 BEDROOM APARTMENTS. PROVIDES SELF-SUFFICIENCY TRAINING AND PERMANENT HOUSING ASSISTANCE. (Grants and allocations \$ _____)	258,756.
c	WARMING CENTERS-PROVIDE EVENING ACCOMODATIONS & MEALS TO SINGLE HOMELESS ADULTS. SERVES APPROXIMATELY 100 MEN AND 100 WOMEN DAILY. (Grants and allocations \$ _____)	287,721.
d	OTHER PROGRAMS INCLUDE COMPUTER & LIFE SKILLS, A FREE STORE, SUBSIDIZED SENIOR HOUSING, AND "BROTHAS & SISTAS" WHICH PROVIDES AFTER SCHOOL ACTIVITIES & TUTORING FOR AREA YOUTH. (Grants and allocations \$ _____)	351,393.
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,007,611.

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	25,626.	45	17,231.
	46 Savings and temporary cash investments	7,551.	46	15,362.
	47 a Accounts receivable	47a 24,525.		
	b Less allowance for doubtful accounts	47b	47c	24,525.
	48 a Pledges receivable	48a 18,500.		
	b Less allowance for doubtful accounts	48b	48c	18,500.
	49 Grants receivable	75,593.	49	113,117.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	1,671.	53	9,126.
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a 4,914,043.			
b Less accumulated depreciation STMT 5	57b 901,232.	4,031,611.	57c	4,012,811.
58 Other assets (describe ▶ SEE STATEMENT 6)	12,790.	58	11,831.	
59 Total assets (add lines 45 through 58) (must equal line 74)	4,169,595.	59	4,222,503.	
Liabilities	60 Accounts payable and accrued expenses	89,683.	60	189,707.
	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 7 STMT 8	2,485,789.	64b	2,451,882.
	65 Other liabilities (describe ▶ SEE STATEMENT 9)	885,364.	65	878,082.
66 Total liabilities (add lines 60 through 65)	3,460,836.	66	3,519,671.	
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	691,282.	67	687,862.
	68 Temporarily restricted	17,477.	68	14,970.
	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, column (B) must equal line 21)	708,759.	73	702,832.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	4,169,595.	74	4,222,503.	

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	2,076,302.
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 \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify) \$ _____		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	2,076,302.
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	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	2,076,302.

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

a	Total expenses and losses per audited financial statements	a	2,069,832.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$ _____		
(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	0.
c	Line a minus line b	c	2,069,832.
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) STMT 10 \$ 12,397.		
	Add amounts on lines (1) and (2)	d	12,397.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	2,082,229.

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.
NEIL TAYLOR 920 W. WILSON CHICAGO, IL 60640	TREASURER 2-3	0.	0.	0.
TOM CAMERON 920 W. WILSON CHICAGO, IL 60640	BOARD MEMBER 2-3	0.	0.	0.
DAWN MORTIMER 920 W. WILSON CHICAGO, IL 60640	BOARD MEMBER 1-2	0.	0.	0.
HERBERT FREEDHOLM 920 W. WILSON CHICAGO, IL 60640	BOARD MEMBER 1-2	0.	0.	0.
SANDRA RAMSEY 939 W. WILSON CHICAGO, IL 60640	EXECUTIVE DIRECTOR 40	66,039.	14,844.	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 Form 990 (2002)

Part VI Other Information		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		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? <i>See Statement II</i> If "Yes," attach a conformed copy of the changes.	X	
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?	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 direct or indirect political expenditures See line 81 instructions 81a <u>0.</u>		
b	Did the organization file Form 1120-POL for this year?		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?		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 in Part III) 82b <u>N/A</u>		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A 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		
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 on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations Enter 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. Enter 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, 2002	90b	31
91	The books are in care of CURT MORTIMER Telephone no (773) 561-2450		

Located at **920 W. WILSON, CHICAGO, IL** ZIP + 4 **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 (See page 31 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	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					11,033.
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			14	175.	
96 Dividends and interest from securities			14	1,082.	
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			18	<1,412.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					1,456.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		<155.>	12,489.
105 Total (add line 104, columns (B), (D), and (E))					12,334.

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 (See page 32 of the instructions)

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.
103A	MISCELLANEOUS INCOME COLLECTED DURING THE ORDINARY COURSE OF OPERATION

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(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 (See page 33 of the instructions)

- (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

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

accompanying schedules and statements, and to the best of my knowledge and belief, it is true, all information of which preparer has any knowledge

Date: 2/29/04 Type or print name and title: Curt Mortimer

Date	Check if self	Preparer's SSN or PTIN
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Part III Statements About Activities (See page 2 of the instructions)

	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 \blacktriangleright \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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 substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
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?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<i>Note: 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.</i>		

Part IV Reason for Non-Private Foundation Status (See pages 3 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)
- 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 \blacktriangleright _____
- 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	2,086,409.	1,097,519.	1,042,071.	1,071,949.	5,297,948.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	21,706.	26,173.	15,236.	13,905.	77,020.
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					
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	2,108,115.	1,123,692.	1,057,307.	1,085,854.	5,374,968.
24 Line 23 minus line 17	2,086,409.	1,097,519.	1,042,071.	1,071,949.	5,297,948.
25 Enter 1% of line 23	21,081.	11,237.	10,573.	10,859.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					105,959.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return. Enter the sum of all these excess amounts					0.
c Total support for section 509(a)(1) test Enter line 24, column (e)					5,297,948.
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					5,297,948.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					100.0000%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return. Enter the sum of such amounts for each year	N/A				
(2001) (2000) (1999) (1998)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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) Do not file this list with your return. 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	N/A				
(2001) (2000) (1999) (1998)					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					
d Add Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

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

		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)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

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

Check a if the organization belongs to an affiliated group Check b if you checked "a" 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 - The lobbying nontaxable amount 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	41	
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 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
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) (See page 11 of the instructions)

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	Yes	No	Amount
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.)			0.

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

2002 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Or Depreciation
	BUILDINGS											
4	BUILDING	VARIESSL		30.00	16	2806555.			2806555.	225,071.		93,552.
5	CONSTRUCTION IN PROGRESS	063003		.000	16	65,322.			65,322.	0.		0.
6	LEASEHOLD IMPROVEMENTS	VARIESSL		30.00	16	1459784.			1459784.	349,685.		49,027.
	* 990 PAGE 2 TOTAL BUILDINGS					4331661.		0.	4331661.	574,756.	0.	142,579.
	FURNITURE & FIXTURES											
7	FURNITURE	VARIESSL		7.00	16	54,188.			54,188.	48,070.		2,447.
	* 990 PAGE 2 TOTAL FURNITURE & FIXTURES					54,188.		0.	54,188.	48,070.	0.	2,447.
	MACHINERY & EQUIPMENT											
8	OFFICE EQUIPMENT	VARIESSL		5.00	16	12,083.			12,083.	1,524.		1,721.
9	EQUIPMENT	VARIESSL		5.00	16	145,005.			145,005.	113,996.		11,373.
10	(D) VAN & TRUCK	VARIESSL		5.00	16	24,904.			24,904.	23,945.		959.
	* 990 PAGE 2 TOTAL MACHINERY & EQUIPMENT TRANSPORTATION EQUIPMENT					181,992.		0.	181,992.	139,465.	0.	14,053.
2	VAN & TRUCK	VARIESSL		5.00	16	15,159.			15,159.	2,237.		2,529.
	* 990 PAGE 2 TOTAL TRANSPORTATION EQUIPMENT					15,159.		0.	15,159.	2,237.	0.	2,529.
	LAND											
1	LAND	VARIESSL				355,947.			355,947.			0.

228102
10-24-02

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

2002 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
	* 990 PAGE 2 TOTAL LAND					355,947.		0.	355,947.	0.	0.	0.
	* GRAND TOTAL 990 PAGE 2 DEPR					4938947.		0.	4938947.	764,528.	0.	161,608.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
10,000 BANCO POPULAR	10,630.	10,884.	0.	<254.>	
5,000 DISCOVER BANK	5,110.	5,151.	0.	<41.>	
200 EXXON MOBIL	7,041.	7,009.	0.	32.	
10,000 FEDERAL HOME LOAN MORTGAGE	10,158.	10,522.	0.	<364.>	
5,000 MBNA AMER. BANK	5,029.	5,084.	0.	<55.>	
100 MID CAP SPDR	7,671.	8,009.	0.	<338.>	
680 NASDAQ 100	1,575.	1,535.	0.	40.	
100 SPDR TRUST UNIT 1	8,846.	9,141.	0.	<295.>	
200 THE SOUTHERN COMPANY	5,621.	5,514.	0.	107.	
10,000 US TREASURY NOTE	11,567.	11,811.	0.	<244.>	
TO FORM 990, PART I, LINE 8	73,248.	74,660.	0.	<1,412.>	

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
DUES AND SUBSCRIPTIONS	2,822.	2,762.	60.		
INSURANCE	64,949.	61,150.	3,677.	122.	
BANK FEES	13,657.	9,200.	4,455.	2.	
MISCELLANEOUS	2,387.	1,261.	1,126.		
SENIOR RENT SUBSIDY	102,258.	102,258.			
PROFESSIONAL FEES	10,000.	10,000.			
REPAIRS & MAINTENANCE	83,904.	83,009.	543.	352.	
DONATED FOOD	104,008.	104,008.			
DONATED MATERIALS	1,407.		1,407.		
PRIOR PERIOD INSURANCE	12,397.		12,397.		
TOTAL TO FM 990, LN 43	397,789.	373,648.	23,665.	476.	

FORM 990	MORTGAGES PAYABLE	STATEMENT	7
DESCRIPTION		BALANCE DUE	
NATIONAL COVENANT PROPERTIES		239,822.	
NATIONAL COVENANT PROPERTIES		28,087.	
EVANGELICAL COVENANT CHURCH		0.	
DAVID BAUM REVOCABLE TRUST		1,298,901.	
COMMUNITY INVESTMENT CORPORATION		795,870.	
UPTOWN NATIONAL BANK		2,230.	
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B		2,364,910.	

<u>LENDER'S NAME</u>		<u>TERMS OF REPAYMENT</u>	
UPTOWN NATIONAL BANK		\$199/MO	
<u>DATE OF NOTE</u>	<u>MATURITY DATE</u>	<u>ORIGINAL LOAN AMOUNT</u>	<u>INTEREST RATE</u>
06/18/01	05/18/04	6,000.	11.75%
<u>SECURITY PROVIDED BY BORROWER</u>		<u>PURPOSE OF LOAN</u>	
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.	2,062.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		86,972.

FORM 990	OTHER LIABILITIES	STATEMENT	9
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
REFUNDABLE ADVANCE	68,517.
FORGIVABLE LT DEBT-CHGO DEPT OF HOUSING	809,565.
NOTE PAYABLE TO JESUS PEOPLE USA	0.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	878,082.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT	10
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<u>DESCRIPTION</u>	<u>AMOUNT</u>
PRIOR PERIOD AUDIT ADJUSTMENT TO INSURANCE EXPENSE	12,397.
TOTAL TO FORM 990, PART IV-B	12,397.

NFP-110.30
(Rev. Jan. 1999)

JESSE WHITE
Secretary of State
State of Illinois

File # 5566-857-4

Submit in Duplicate
Remit payment in check or money
order, payable to "Secretary of
State."

ARTICLES OF AMENDMENT
under the
GENERAL NOT FOR PROFIT
CORPORATION ACT

This Space For Use By
Secretary of State
Date 3-4-03
Filing Fee \$25.00
Approved *[Signature]*

DO NOT SEND CASH!

Pursuant to the provisions of "The General Not For Profit Corporation Act of 1986," the undersigned corporation hereby adopts these Articles of Amendment to its Articles of Incorporation.

ARTICLE ONE The name of the corporation is Cornerstone Community Outreach

(Note 1)

ARTICLE TWO The following amendment to the Articles of Incorporation was adopted on 3/28,
2002 in the manner indicated below ("X" one box only.)
(Year) (Month & Day)

- By the affirmative vote of a majority of the directors in office, at a meeting of the board of directors, in accordance with Section 110.15. (Note 2)
- By written consent, signed by all the directors in office, in compliance with Sections 110.15 and 108.45 of this Act. (Note 3)
- By the members at a meeting of members entitled to vote by the affirmative vote of the members having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the articles of incorporation or the bylaws, in accordance with Section 110.20. (Note 4)
- By written consent signed by members entitled to vote having not less than the minimum number of votes necessary to adopt such amendment, as provided by this Act, the articles of incorporation, or the bylaws, in compliance with Sections 107.10 and 110.20 of this Act. (Note 5)

(INSERT RESOLUTION)

SEE ATTACHED SHEET

ARTICLE 4

PURPOSES

THE PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED ARE EXCLUSIVELY CHARITABLE AND EDUCATIONAL, WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE;

MORE SPECIFICALLY, THIS PURPOSE INCLUDES; THE OPERATION OF A CHRISTIAN CHARITABLE DEVELOPMENT PROGRAM TO FACILITATE THE MINISTERING OF THE GOSPEL OF JESUS CHRIST IN WAYS THAT IMPROVE THE QUALITY OF LIFE FOR DISADVANTAGED, DISPLACED, AND UNDERPRIVILEGED PEOPLE IN THE UNITED STATES AND THE REST OF THE WORLD, INCLUDING BUT NOT LIMITED TO:

RAISING THE ECONOMIC, EDUCATIONAL AND SOCIAL LEVELS OF THE POOR AND UNDERPRIVILEGED;

PROMOTING COMMUNITY-WIDE INTEREST AND CONCERN FOR THE PROBLEMS OF THOSE INDIVIDUALS AND FAMILIES TO THE END THAT SICKNESS, POVERTY, AND CRIME MAY BE LESSENED AND EDUCATIONAL AND ECONOMIC OPPORTUNITIES MAY BE EXPANDED;

FEEDING THE POOR, THROUGH THE DISTRIBUTION OF FOOD BASKETS AND HOT MEALS;

PROVIDING DECENT AND AFFORDABLE TEMPORARY AND PERMANENT HOUSING FOR LOW AND MODERATE INCOME PEOPLE, BOTH THROUGH THE RENOVATION OF EXISTING BUILDINGS AND NEW CONSTRUCTION OR ACQUISITION, AND MAKING SUCH HOUSING AVAILABLE TO INDIVIDUALS, FAMILIES, ORPHANS AND GROUPS THROUGH RENTAL OR LEASE, OWNERSHIP AND COOPERATIVE OWNERSHIP PROGRAMS;

PROVIDING EMERGENCY SHELTER AND TRANSITIONAL SHELTER FOR THE HOMELESS;

RAISING THE ECONOMIC, EDUCATION AND SOCIAL LEVELS OF THOSE INDIVIDUALS, FAMILIES AND GROUPS BY EXPANDING THEIR OPPORTUNITIES TO OWN, MANAGE AND OPERATE BUSINESS ENTERPRISES, BY PROVIDING ASSISTANCE TO THOSE INDIVIDUALS AND GROUPS IN DEVELOPING ENTREPRENEURIAL AND MANAGEMENT SKILLS NECESSARY FOR THE SUCCESSFUL OPERATION OF BUSINESS ENTERPRISES AND BY PROVIDING ASSISTANCE TO THOSE RESIDENTS AND GROUPS IN OBTAINING FINANCIAL SUPPORT FROM AVAILABLE SOURCES TO ACHIEVE THESE ENDS.

DEVELOPING SPECIFIC PROGRAMS OF COMMUNITY INVOLVEMENT AND SERVICE DIRECTED TO ELDERLY, SINGLE PARENT HOUSEHOLDS, TEEN-AGERS, AND ORPHANS WHICH ARE DESIGNED TO IMPROVE THEIR QUALITY OF LIFE, SAFETY AND GENERAL WELL BEING.

NETWORKING WITH LOCAL, STATE AND FEDERAL GOVERNMENT AGENCIES AS WELL AS PRIVATE AGENCIES AND GROUPS TO IMPROVE THE RANGE AND QUALITY OF SERVICE, CARE AND PROTECTION OFFERED TO THE ABOVE DISTRESSED AND DISADVANTAGED INDIVIDUALS, FAMILIES AND GROUPS.

HAVING AND EXERCISING ALL POWERS NECESSARY OR CONVENIENT TO EFFECT ANY OF ALL OF THE PURPOSES FOR WHICH THE CORPORATION IS ORGANIZED INCLUDED IN THE ILLINOIS GENERAL NOT FOR PROFIT CORPORATION ACT.

(If space is insufficient, attach additional pages size 8 1/2 x 11)

The undersigned corporation has caused these articles to be signed by its duly authorized officers, each of whom affirm, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK.**)

Dated March 28 2002
(Month & Day) (Year)

Cornerstone Community Outreach
(Exact Name of Corporation)

attested by [Signature]
(Signature of Secretary or Assistant Secretary)
Curt Mortimer, President
(Type or Print Name and Title)

by [Signature]
(Signature of President or Vice President)
Ronald Brown, Vice-President
(Type or Print Name and Title)

NOTES AND INSTRUCTIONS

NOTE 1: State the true exact corporate name as it appears on the records of the Office of the Secretary of State, **BEFORE** any amendments herein reported.

NOTE 2: Directors may adopt amendments without member approval only when the corporation has no members, or no members entitled to vote.

NOTE 3: Director approval may be (1) by vote at a director's meeting (either annual or special) or (2) consent, in writing, without a meeting.

NOTE 4: All amendments not adopted under Sec. 110.15 require (1) that the board of directors adopt a resolution setting forth the proposed amendment and (2) that the members approve the amendment.

Member approval may be (1) by vote at a members meeting (either annual or special) or (2) by consent, in writing, without a meeting.

To be adopted, the amendment must receive the affirmative vote or consent of the holders of at least 2/3 of the outstanding members entitled to vote on the amendment, (but if class voting applies, then also at least a 2/3 vote within each class is required).

The articles of incorporation may supersede the 2/3 vote requirement by specifying any smaller or larger vote requirement not less than a majority of the outstanding votes of such members entitled to vote and not less than a majority within each when class voting applies (Sec. 110.20)

NOTE 5: When a member approval is by written consent, all members must be given notice of the proposed amendment at least 5 days before the consent is signed. If the amendment is adopted, members who have not signed the consent must be promptly notified of the passage of the amendment (Sec. 107.10 & 110.20)

FORM NFP-110.30

File No

ARTICLES OF AMENDMENT
under the
GENERAL NOT FOR PROFIT
CORPORATION ACT

Filing Fee \$25

FILED

MAR 04 2003

JESSE WHITE
SECRETARY OF STATE

RETURN TO:

Department of Business Services
Secretary of State
Springfield, Illinois 62756
Telephone (217) 782-1832
[http //www.sos.state il.us](http://www.sos.state.il.us)

C-130.10



Illinois
Housing
Development
Authority

A self-supporting public agency

401 N. Michigan Avenue, Suite 900
Chicago, IL 60611
(312) 836-5200 TDD (312) 836-5222
<http://www.ihda.org>

George H. Ryan
Governor

November 20, 2002

Ms. Sandra Ramsey
Executive Director
Cornerstone Community Outreach, CCO
939 W. Wilson
Chicago IL 60640

Re: Use of "Housing" in Articles of Incorporation

Dear Ms. Ramsey:

The Authority has received your letter in connection with your request for our approval to own and manage permanent housing. A copy of the letter is enclosed.

The Authority has no authority to regulate the affairs of your agency, including giving you approval to own and operate permanent housing. I understand from Richard Muller, however, that he has spoken with a representative of your organization, and that what you need from the Authority is approval to amend your articles of incorporation to include, as one of your corporate activities, the ownership of permanent housing. For purposes of this letter, I will assume that this is your request.

While we are not certain that the Authority's permission is required by law by this letter, the Illinois Housing Development Authority consents to the inclusion of the ownership of permanent housing as a corporate purpose of Cornerstone Community Outreach CCO.

Sincerely yours


Mary R. Kenney
General Counsel

Application for Extension of Time To File an Exempt Organization Return

▶ 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 17, 2004** 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, 2002**, and ending **JUN 30, 2003**.

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 Cullinan* Title ▶ CPA Date ▶ 11-11-03
 LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)

• 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. File by the extended due date for filing the return. See instructions	Name of Exempt Organization CORNERSTONE COMMUNITY OUTREACH	Employer identification number 36-3670992
	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 17, 2004.

5 For calendar year _____, or other tax year beginning JUL 1, 2002 and ending JUN 30, 2003.

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 INFORMATION 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 R. Cullinan Title CPA Date 2/9/04

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 an extension of time to file. We are not granting the 10-day grace period. **EXTENSION APPROVED FEB 18 2004**

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 LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN 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

223832 05-22-02