

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047  
**2009**  
 Open to Public Inspection

Department of the Treasury  
 Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
 The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning and ending

**B** Check if applicable:  Address label or change  Name change  Initial return  Term-limited instructions  See instructions  Amended return  Application pending

**C** Name of organization: **CORNERSSTONE COMMUNITY OUTREACH**

**D** Employer identification number: **36-3670992**

**E** Telephone number: **773-506-4904**

**F** Name and address of principal officer: **CURTISS MORTIMER**

**G** Gross receipts: **3,567,416**

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

**H(b)** Are all affiliates included?  Yes  No

**H(c)** Group exemption number: **10829**

**I** Tax-exempt status:  501(c)(03) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.CCOLIFE.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1989** M State of legal domicile: **IL**

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: **IMPROVE QUALITY OF LIFE FOR DISADVANTAGED AND DISPLACED PEOPLE IN UPTOWN NEIGHBORHOOD OF CHICAGO.**

2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a) **11**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **11**

**5** Total number of employees (Part V, line 2a) **72**

**6** Total number of volunteers (estimate if necessary) **10829**

**7a** Total gross unrelated business revenue from Part VIII, column (C), line 12 **0**

**7b** Net unrelated business taxable income from Form 990-T, line 34 **0**

	Revenue		Expenses	Net Assets or Fund Balances	
	Prior Year	Current Year		Prior Year	Current Year
8	2,618,739.	3,511,580.	Contributions and grants (Part VIII, line 1h)		
9	45,811.	52,628.	Program service revenue (Part VIII, line 2g)		
10	23.	9.	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	31.	3,199.	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	2,664,604.	3,567,416.	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
13	32,312.	53,933.	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	1,575,352.	1,847,425.	Benefits paid to or for members (Part IX, column (A), line 4)		
15			Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
16a			Professional fundraising fees (Part IX, column (A), line 11e)		
16b	9,502.		Total fundraising expenses (Part IX, column (D), line 25)		
17	1,053,461.	1,055,989.	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		
18	2,661,125.	2,957,347.	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		
19	3,479.	610,069.	Revenue less expenses. Subtract line 18 from line 12		
20	4,287,722.	4,235,173.	Total assets (Part X, line 16)		
21	4,209,052.	3,546,434.	Total liabilities (Part X, line 26)		
22	78,670.	688,739.	Net assets or fund balances. Subtract line 21 from line 20		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **CURTISS MORTIMER, PRESIDENT**

Date: **11/9/10**

Preparer's name (or self-employed): **DESMOND & AHERN, LTD.**

Address: **10827 S. WESTERN AVENUE CHICAGO, IL 60643-3206**

Phone no.: **(773) 779-4720**

Preparer's signature: **[Signature]**

Date: **11/08/10**

Check if self-employed

Preparer's identifying number

Use Only

Preparer's name (or self-employed): **DESMOND & AHERN, LTD.**

Address: **10827 S. WESTERN AVENUE CHICAGO, IL 60643-3206**

ZIP + 4: **60643-3206**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION CORNERSSTONE COMMUNITY OUTREACH WAS INCORPORATED IN 1989 TO IMPROVE THE QUALITY OF LIFE FOR DISADVANTAGED, DISPLACED, AND UNDERPRIVILEGED CHICAGOANS FROM ALL WALKS OF LIFE THROUGH VARIOUS NEED-CENTERED PROGRAMS. WE FEED THE HUNGRY, HOUSE THE HOMELESS, AND PROVIDE NEEDED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes [X] No [ ]
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes [X] No [ ]
4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. If "Yes," describe these changes on Schedule O. If "Yes," describe these changes on Schedule O. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,435,669. including grants of \$ ) (Revenue \$ ) INTERIM HOUSING FOR FAMILIES AND SINGLE ADULTS. THESE SHELTERS PROVIDE APPROXIMATELY 120 DAYS OF HOUSING, NUTRITIOUS MEALS, CLOTHING, GROUP AND INDIVIDUAL COUNSELING, INDIVIDUALIZED CASE MANAGEMENT, NURSING, AS NEEDED MENTAL HEALTH ASSESSMENTS, LIFE-SKILLS TRAINING, SUBSTANCE ABUSE COUNSELING, MONEY MANAGEMENT, JOB ASSESSMENT, JOB READINESS, JOB REFERRAL, COMPUTER TRAINING CLASSES, HOUSING RELOCATION ASSISTANCE, AND AFTERSCHOOL PROGRAMS FOR KIDS. THESE PROGRAMS OPERATE YEAR ROUND. HANNAH INTERIM HOUSING - ACCOMMODATES APPROXIMATELY 75 WOMEN WITH CHILDREN. NAOMI INTERIM HOUSING - ACCOMMODATES APPROXIMATELY 65 SINGLE WOMEN. SYLVIA INTERIM HOUSING - ACCOMMODATES FAMILIES, APPROXIMATELY 97 PEOPLE.

4b (Code: ) (Expenses \$ 534,535. including grants of \$ ) (Revenue \$ ) EMERGENCY RESPONSE FOR FAMILIES AND SINGLE ADULTS. THESE SHELTERS ARE AVAILABLE FOR IMMEDIATE RESPONSE TO HOMELESSNESS, PROVIDING APPROXIMATELY 120 DAYS OF HOUSING, NUTRITIOUS MEALS, CLOTHING, GROUP AND INDIVIDUAL COUNSELING, INDIVIDUALIZED CASE MANAGEMENT, NURSING, AS NEEDED MENTAL HEALTH ASSESSMENTS, LIFE-SKILLS TRAINING, SUBSTANCE ABUSE COUNSELING, MONEY MANAGEMENT, JOB ASSESSMENT, JOB READINESS, JOB REFERRAL, COMPUTER TRAINING CLASSES, HOUSING RELOCATION ASSISTANCE, AND AFTERSCHOOL PROGRAMS FOR KIDS. THESE PROGRAMS OPERATE YEAR ROUND. WARMING CENTER - ACCOMMODATES SINGLE ADULTS, APPROXIMATELY 35 PEOPLE. SYLVIA EMERGENCY RESPONSE - ACCOMMODATES FAMILIES, APPROXIMATELY 70 PEOPLE.

4c (Code: ) (Expenses \$ 278,401. including grants of \$ ) (Revenue \$ 55,827.) IRLAND PERMANENT HOUSING WITH SUPPORTIVE SERVICES OFFERS 18 FORMERLY DISABLED SINGLE MOTHERS AND THEIR CHILDREN PERMANENT HOUSING AND SELF-SUFFICIENCY TRAINING. PROGRAM PARTICIPANTS RECEIVE A TWO OR THREE BEDROOM APARTMENT, CASE MANAGEMENT, JOB TRAINING, REFERRALS, TIME MANAGEMENT, PERSONAL FINANCE ASSISTANCE, AND PERMANENT HOUSING ASSISTANCE. WHILE PARTICIPATING IN THIS PROGRAM, WOMEN WORK ON ATTAINING THEIR EDUCATIONAL POTENTIAL, RECEIVING JOB SKILLS TRAINING, AND MAKING LINKS TO SUPPORT SYSTEMS DESIGNED TO BREAK THE CHAINS OF HOMELESSNESS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 464,087. including grants of \$ ) (Revenue \$ )
4e Total program service expenses \$ 2,712,692.

**Part IV Checklist of Required Schedules**

1	2	3	4	5	6	7	8	9	10	11	12	13	14a	15	16	17	18	19	20									
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>									
1	2	3	4	5	6	7	8	9	10	11	12	13	14a	15	16	17	18	19	20									
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Is the organization required to complete Schedule B, Schedule of Contributors?	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	<ul style="list-style-type: none"> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.</li> </ul>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII.	<table border="1"> <tr> <td>12A</td> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	12A	Yes	No		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E.	Did the organization maintain an office, employees, or agents outside of the United States?	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III.	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 1e? If "Yes," complete Schedule G, Part I.	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.
12A	Yes	No																										
	<input checked="" type="checkbox"/>	<input type="checkbox"/>																										

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

Part IV Checklist of Required Schedules (continued)

Form 990 (2009)

		Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		1a	0
		Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1b	0
		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	
		Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	72
		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X
		<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		3a	X
		Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		3b	
		If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3c	
		At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X
		If "Yes," enter the name of the foreign country: _____		4b	
		See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		5a	X
		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b	X
		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c	
		Tax Shelter Transaction?		6a	X
		Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6b	
		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		7a	X
		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7b	X
		If "Yes," did the organization notify the donor of the value of the goods or services provided?		7c	X
		If "Yes," indicate the number of Forms 8282 filed during the year		7d	
		Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	
		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	
		For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	
		For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h	
		<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
		<b>Sponsoring organizations maintaining donor advised funds.</b> Did the organization make any taxable distributions under section 4966?		9a	
		Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
		<b>Section 501(c)(7) organizations.</b> Enter:		10	
		Initiation fees and capital contributions included on Part VIII, line 12		10a	
		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b	
		<b>Section 501(c)(12) organizations.</b> Enter:		11	
		Gross income from members or shareholders		11a	
		Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b	
		<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		12a	
		If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

1a	Enter the number of voting members of the governing body	11
1b	Enter the number of voting members that are independent	11
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	X
6	Does the organization have members or stockholders?	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?	X
9	Is there any officer, director, trustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

10a	Does the organization have local chapters, branches, or affiliates?	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	
13	Does the organization have a written whistleblower policy?	X
14	Does the organization have a written document retention and destruction policy?	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
a	The organization's CEO, Executive Director, or top management official	X
b	Other officers or key employees of the organization	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	
b	If "Yes" to line 16a or 16b, describe the process in Schedule O. (See instructions.)	
16b	Did the organization adopt a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	X

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **IL**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  
 Another's website  
 Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **NEIL TAYLOR - 312-287-5282**  
**4615 N. CLIFTON, CHICAGO, IL 60640**

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

1b List all of the organization's current key employees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

1c List all of the organization's current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

1d List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

1e List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

1f List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

1g Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
CURT MORTIMER PRESIDENT	2.00	X		X			0.	0.	0.
VICTOR WILLIAMS VICE PRESIDENT	2.00	X		X			0.	0.	0.
NEIL TAYLOR TREASURER	2.00	X		X			0.	0.	0.
RONALD BROWN SECRETARY	2.00	X		X			0.	0.	0.
DAWN MORTIMER BOARD MEMBER	1.00	X					0.	0.	0.
ARACELY BOKK BOARD MEMBER	1.00	X					0.	0.	0.
MICKY GRIFFIN BOARD MEMBER	1.00	X					0.	0.	0.
THOMAS CAMERON BOARD MEMBER	1.00	X					0.	0.	0.
DEBBIE GRIFFITH BOARD MEMBER	1.00	X					0.	0.	0.
COREY ESCUE BOARD MEMBER	1.00	X					0.	0.	0.
DICK CONSER BOARD MEMBER	1.00	X					0.	0.	0.
SANDRA RAMSEY EXECUTIVE DIRECTOR	40.00			X			62,500.	0.	20,413.



**Part VIII Statement of Revenue**

(A)	(B)	(C)	(D)
Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from sections 512, 513, or 514
3,511,580.			
<b>1 a</b> Federated campaigns <b>1 b</b> Membership dues <b>1 c</b> Fundraising events <b>1 d</b> Related organizations <b>1 e</b> Government grants (contributions) <b>1 f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1 g</b> Noncash contributions included in lines 1a-1f: \$ 1f 1,508,470. 1e 2,003,110. <b>1 g Total.</b> Add lines 1a-1f 3,511,580.			

2 a CLIENT FEES		Business Code	
52,628.	52,628.	900099	52,628.
<b>f</b> All other program service revenue			
<b>e</b>			
<b>d</b>			
<b>c</b>			
<b>b</b>			
<b>a</b> Gross Rents			
<b>b</b> Less: rental expenses			
<b>c</b> Rental income or (loss)			
<b>d</b> Net rental income or (loss)			
<b>a</b> Gross amount from sales of			
<b>b</b> Less: cost or other basis			
<b>c</b> Gain or (loss)			
<b>d</b> Net gain or (loss)			

3		4		5		6		7		8		9		10		11		12	
Investment income (including dividends, interest, and other similar amounts)	9.	Income from investment of tax-exempt bond proceeds		Royalties		Gross Rents		Gross amount from sales of		Net gain or (loss)		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		Gross income from gaming activities. See Part IV, line 19		Gross sales of inventory, less returns and allowances		Miscellaneous Revenue	
<b>3</b> Investment income (including dividends, interest, and other similar amounts)	9.	<b>4</b> Income from investment of tax-exempt bond proceeds		<b>5</b> Royalties		<b>6</b> Gross Rents		<b>7</b> Gross amount from sales of		<b>8</b> Net gain or (loss)		<b>9</b> Gross income from gaming activities. See Part IV, line 19		<b>10</b> Gross sales of inventory, less returns and allowances		<b>11</b> Miscellaneous Revenue		<b>12</b> Total revenue. See instructions.	

11 a OTHER		Business Code	
3,199.	3,199.	900099	3,199.
<b>d</b> All other revenue			
<b>e</b> Total. Add lines 11a-11d	3,199.		
<b>f</b> Total. Add lines 2a-2f	52,628.		
<b>g</b> Total. Add lines 2a-2f	52,628.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	53,933.	53,933.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,913.	74,622.	8,291.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(e)(3)(B)				
7 Other salaries and wages	1,205,441.	1,131,706.	73,735.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	427,964.	390,731.	37,233.	
10 Payroll taxes	131,107.	119,623.	11,484.	
11 Fees for services (non-employees):				
a Management	3,930.	3,930.		
b Legal	17,501.		17,501.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	18,342.	18,342.		
g Other				
12 Advertising and promotion				
13 Office expenses	230,790.	176,841.	44,596.	9,353.
14 Information technology				
15 Royalties				
16 Occupancy	172,751.	162,408.	10,343.	
17 Travel	15,199.	14,922.	277.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	400.	334.	66.	
20 Interest	230,985.	219,692.	11,293.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	170,445.	167,015.	3,430.	
23 Insurance	81,544.	76,838.	4,706.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FOOD	99,380.	99,380.		
b DUES AND SUBSCRIPTIONS	7,845.	147.	7,599.	99.
c MISCELLANEOUS	6,877.	2,228.	4,599.	50.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,957,347.	2,712,692.	235,153.	9,502.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Form 990 (2009)

Part X Balance Sheet		(A)	(B)
		Beginning of year	End of year
1	Cash - non-interest-bearing	104,019.	270.
2	Savings and temporary cash investments		
3	Pledges and grants receivable, net	336,614.	529,736.
4	Accounts receivable, net	16,489.	407.
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		
7	Notes and loans receivable, net		
8	Inventories for sale or use		
9	Prepaid expenses and deferred charges		
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	5,614,697.	
b	Less: accumulated depreciation	1,967,562.	
10c		3,770,618.	3,647,135.
11	Investments - publicly traded securities		
12	Investments - other securities. See Part IV, line 11		
13	Investments - program-related. See Part IV, line 11		
14	Intangible assets		
15	Other assets. See Part IV, line 11	59,982.	57,625.
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,287,722.	4,235,173.
17	Accounts payable and accrued expenses	431,276.	625,746.
18	Grants payable		
19	Deferred revenue		
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D		
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
23	Secured mortgages and notes payable to unrelated third parties	2,953,475.	2,905,952.
24	Unsecured notes and loans payable to unrelated third parties		
25	Other liabilities. Complete Part X of Schedule D	824,301.	14,736.
26	Total liabilities. Add lines 17 through 25	4,209,052.	3,546,434.
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	37,662.	601,376.
28	Temporarily restricted net assets	41,008.	87,363.
29	Permanently restricted net assets		
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		
31	Paid-in or capital surplus, or land, building, or equipment fund		
32	Retained earnings, endowment, accumulated income, or other funds		
33	Total net assets or fund balances	78,670.	688,739.
34	Total liabilities and net assets/fund balances	4,287,722.	4,235,173.

**Part XI Financial Statements and Reporting**

<p><b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other</p>			
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? <input checked="" type="checkbox"/></p>		2a	X
<p><b>b</b> Were the organization's financial statements audited by an independent accountant? .....</p>		2b	X
<p><b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....</p>		2c	X
<p><b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		3a	X
<p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....</p>		3a	X
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</p>		3b	X

Form 990 (2009)



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1879632.	2214462.	1481839.	2618739.	3511580.	11706252.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1879632.	2214462.	1481839.	2618739.	3511580.	11706252.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 1.						
6 Public support. Subtract line 5 from line 4.						11706252.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1879632.	2214462.	1481839.	2618739.	3511580.	11706252.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33.	36.	23.	9.		101.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			127.			127.
11 Total support. Add lines 7 through 10						11706480.
12 Gross receipts from related activities, etc. (see instructions)						167,252.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	100.00 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 10% or more, stop here. The organization qualifies as a publicly supported organization

16b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

17b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f)) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f)) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3% support tests - 2009, check this box and stop here. The organization qualifies as a publicly supported organization.

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Employer identification number

36-3670992

CORNERSTONE COMMUNITY OUTREACH

Name of the organization

Organization type (check one):

Filters of: Section:

Form 990 or 990-EZ  501(c)(0) 3 (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF  501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.  \$

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization: CORNERSTONE COMMUNITY OUTREACH  
 Employer identification number: 36-3670992

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JESUS PEOPLE USA 920 W. WILSON CHICAGO, IL 60640	\$ 525,451.	(Complete Part II if there is a noncash contribution.) Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
			(Complete Part II if there is a noncash contribution.) Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes  No

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	2a	2b	2c	2d
a	Total number of conservation easements			
b	Total acreage restricted by conservation easements			
c	Number of conservation easements on a certified historic structure included in (a)			
d	Number of conservation easements included in (c) acquired after 8/17/06			

3 Number of states where property subject to conservation easement is located  year

4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  Yes  No

6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes  No

8 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1  \$

(ii) Assets included in Form 990, Part X  \$

(iii) Assets included in Form 990, Part X  \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1  \$

b Assets included in Form 990, Part X  \$

Schedule D (Form 990) 2009

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.			
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation
1a Land	355,947.	355,947.	355,947.
b Buildings	4,603,658.	4,603,658.	1,711,902.
c Leasehold improvements			2,891,756.
d Equipment	234,989.	234,989.	208,705.
e Other		420,103.	46,955.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			3,647,135.

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

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

3a(ii)	
3a(i)	

(i) unrelated organizations

by:

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

Yes	No
-----	----

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

3a

1a Beginning of year balance	1b Contributions	1c Net investment earnings, gains, and losses	1d Grants or scholarships	1e Other expenditures for facilities and programs	1f Administrative expenses	1g End of year balance
(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back		

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

b If "Yes," explain the arrangement in Part XIV.

2a Did the organization include an amount on Form 990, Part X, line 21? Yes  No

1c Beginning balance	1d Additions during the year	1e Distributions during the year	1f Ending balance
Amount			

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes  No

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

a  Public exhibition

b  Scholarly research

c  Preservation for future generations

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a  Loan or exchange programs

b  Other



CORNERSTONE COMMUNITY OUTREACH WAS GRANTED AN EXEMPTION FROM FEDERAL INCOME TAXES BY THE INTERNAL REVENUE SERVICE PURSUANT TO THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3). THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A)(VI) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1). THE TAX EXEMPT PURPOSE OF THE ORGANIZATION AND THE NATURE IN WHICH IT OPERATES IS DESCRIBED IN THE FIRST PARAGRAPH OF

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: FIN 48 FOOT NOTE

Part XIV Supplemental Information	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)
c	Add lines 4a and 4b
b	Other (Describe in Part XIV)
a	Investment expenses not included on Form 990, Part VIII, line 7b
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:
3	Subtract line 2e from line 1
e	Add lines 2a through 2d
d	Other (Describe in Part XIV)
c	Other losses
b	Prior year adjustments
a	Donated services and use of facilities
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:
1	Total expenses and losses per audited financial statements

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)
c	Add lines 4a and 4b
b	Other (Describe in Part XIV)
a	Investment expenses not included on Form 990, Part VIII, line 7b
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:
3	Subtract line 2e from line 1
e	Add lines 2a through 2d
d	Other (Describe in Part XIV)
c	Recoveries of prior year grants
b	Donated services and use of facilities
a	Net unrealized gains on investments
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:
1	Total revenue, gains, and other support per audited financial statements

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9
9	Total adjustments (net). Add lines 4 through 8
8	Other (Describe in Part XIV)
7	Prior period adjustments
6	Investment expenses
5	Donated services and use of facilities
4	Net unrealized gains (losses) on investments
3	Excess or (deficit) for the year. Subtract line 2 from line 1
2	Total expenses (Form 990, Part IX, column (A), line 25)
1	Total revenue (Form 990, Part VIII, column (A), line 12)





**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
LAUNDRY CARDS	1727	39,617.	0.		
CLIENT ASSISTANCE	286	10,306.	0.		
SENIOR ASSISTANCE	5	3,600.	0.		
	0	0.	0.		

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: CLIENT ASSISTANCE REQUESTS ARE INITIATED BY THE CASEWORKER WORKING WITH THE CLIENT. AN REQUEST FORM IS FILLED OUT AND DOCUMENTATION IS ATTACHED TO SUPPORT THE REQUEST. THE REQUEST IS APPROVED, AND THE PAYMENT IS MADE GENERALLY BY CHECK TO A VENDOR, OR A CHECK WRITTEN OUT TO REQUESTER OR SUPERVISOR TO BRING TO THE BANK TO CASH, AS IN WITH THE LAUNDRY CARDS.

RECORDS OF CLIENT ASSISTANCE ARE MAINTAINED BY THE ACCOUNTING

DEPARTMENT AND BY CASEWORKERS.

**Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

**2009**

OMB No. 1545-0047  
Open To Public Inspection

Name of the organization: **CORNERSTONE COMMUNITY OUTREACH**  
Employer identification number: **36-3670992**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?	(g) Written agreement?	
	To	From			Yes	No		Yes	No

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RON BROWN	BOARD SECRETARY	45,000.	SEE SCH. O	X	
SANDRA RAMSEY	EXECUTIVE DIRECTOR	56,250.	SEE SCH. O	X	
NEIL TAYLOR	BOARD TREASURER	35,000.	SEE SCH. O	X	
SEE SCH. O - R. BROWN,	BOARD MEMBERS	525,451.	SEE SCH. O	X	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

**SCHEDULE M (Form 990) 2009** **Noncash Contributions**

Name of the organization		Department of the Treasury Internal Revenue Service			
CORNERSTONE COMMUNITY OUTREACH		36-3670992			
Employer identification number		36-3670992			
Name of the organization		Department of the Treasury Internal Revenue Service			
CORNERSTONE COMMUNITY OUTREACH		36-3670992			
Employer identification number		36-3670992			
<p>▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990.</p>		<p>Open to Public Inspection <b>2009</b> OMB No. 1545-0047</p>			
Part I Types of Property		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	1	65,010.	VALUE SET BY DONOR
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archaeological artifacts				
25	Other				
26	Other				
27	Other				
28	Other				
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment		29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	X			
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X			
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X			
b	If "Yes," describe in Part II.				
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.				

<p>OMB No. 1545-0047  <b>2009</b>          Open to Public Inspection</p>	<p><b>SUPPLEMENTAL INFORMATION TO FORM 990</b>          Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.          Attach to Form 990.</p>	<p><b>SCHEDULE O</b>          (Form 990)          Department of the Treasury          Internal Revenue Service</p>
<p>Employer identification number          36-3670992</p>		<p>Name of the organization          CORNERSTONE COMMUNITY OUTREACH</p>

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

RESOURCES AND PROGRAMS APT TO ENCOURAGE GROWTH, FOSTER POTENTIAL, AND LAY FOUNDATIONS FOR STABILITY. OUR AIM IS NOT MERELY TO HELP INDIVIDUALS SURVIVE, BUT TO THRIVE.

THE THREE MAJOR SHELTERS OF CORNERSTONE COMMUNITY OUTREACH ARE:  
 HANNAH INTERIM - A 120 DAY SHELTER FOR WOMEN WITH CHILDREN UNDER 12.  
 NAOMI INTERIM - A 120 DAY SHELTER FOR SINGLE WOMEN.  
 SYLVIA INTERIM - A 120 DAY SHELTER FOR FAMILIES.

ALL THESE PROGRAMS HAVE SIMILAR GOALS OF ASSISTING THE CLIENT WITH FOOD, CLOTHING, HOUSING, CASEWORK AND ADVOCACY SERVICE, TO HELP TRANSITION THE INDIVIDUAL TO PERMANENT AND INDEPENDENT LIVING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
 OTHER PROGRAMS INCLUDE COMPUTER & LIFE SKILLS, NUTRITION, "BROTHERS & SISTERS" WHICH PROVIDES AFTER SCHOOL ACTIVITIES & TUTORING FOR AREA YOUTH, AND CHILD CARE.

EXPENSES \$ 464087. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: CURT MORTIMER (PRESIDENT) AND DAWN MORTIMER (BOARD MEMBER) ARE MARRIED.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED AND APPROVED BY THE PRESIDENT OF THE BOARD, THE EXECUTIVE DIRECTOR AND THE ACCOUNTING MANAGER PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS, AND KEY

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

Schedule O (Form 990) 2009

27

2009.04050 CORNERSTONE COMMUNITY OUTREACH 970231

11331105 402354 970231

CORNERSSTONE COMMUNITY OUTREACH  
 Name of the organization

EMPLOYEES REGULARLY DISCLOSE TO THE BOARD WHEN A RELATIONSHIP MAY CAUSE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR'S AND TOP MANAGEMENT COMPENSATION IS BASED ON RESEARCH OF LIKE POSITIONS IN SIMILAR FIELDS. RESEARCH AND RECOMMENDATION PRESENTED TO THE BOARD OF DIRECTORS FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

SCH T, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: RON BROWN  
 (D) DESCRIPTION OF TRANSACTION: SEE SCH. O - MR. BROWN'S WIFE, MARGUERITE BROWN, IS EMPLOYED AS A CASEWORKER BY THE ORGANIZATION.

(A) NAME OF PERSON: SANDRA RAMSEY  
 (D) DESCRIPTION OF TRANSACTION: SEE SCH. O - MS. RAMSEY'S HUSBAND, CHRISTOPHER RAMSEY, IS EMPLOYED AS OPERATIONS MANAGER OF THE ORGANIZATION.

(A) NAME OF PERSON: NEIL TAYLOR  
 (D) DESCRIPTION OF TRANSACTION: SEE SCH. O - MR. TAYLOR'S WIFE, PEGGY TAYLOR, IS EMPLOYED AS HOUSE DIRECTOR BY THE ORGANIZATION.







**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organizations(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	
(1)	JESUS PEOPLE USA EVANGELICAL COVENANT CHURCH	C	525,451.	
(2)				
(3)				
(4)				
(5)				
(6)			32	



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	Current Year Deduction
	BUILDINGS											
	4 BUILDING LEASEHOLD IMPROVEMENTS			30.00	16	289,481.2.			289,481.2.	847,438.		96,451.
	* 990 PAGE 10 TOTAL					1,708,846.			1,708,846.	708,564.		59,449.
	BUILDINGS MACHINERY & EQUIPMENT					460,365.8.		0.	460,365.8.	155,600.2.	0.	155,900.
	7 EQUIPMENT			5.00	16	172,217.			172,217.	155,613.		2,554.
	8 KITCHEN EQUIPMENT			5.00	16	2,500.			2,500.	1,071.		357.
	9 OFFICE EQUIPMENT			5.00	16	29,424.			29,424.	21,529.		2,499.
	10 COMPUTER EQUIPMENT			5.00	16	642.			642.	235.		107.
	* 990 PAGE 10 TOTAL					204,783.		0.	204,783.	178,448.	0.	5,517.
	MACHINERY & EQUIPMENT TRANSPORTATION EQUIPMENT											
	2 VEHICLES			5.00	16	30,206.			30,206.	19,455.		5,285.
	* 990 PAGE 10 TOTAL					30,206.		0.	30,206.	19,455.	0.	5,285.
	TRANSPORTATION EQUIPMENT											
	LAND											
	1 LAND					355,947.			355,947.			0.
	* 990 PAGE 10 TOTAL					355,947.		0.	355,947.	0.	0.	0.
	LAND											
	OTHER											
	5 FURNITURE			7.00	16	95,378.			95,378.	44,393.		2,562.

928102  
06-24-09

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

33.1

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	Current Year Deduction
11	CONSTRUCTION IN PROGRESS			.000	16	324,725.			324,725.			0.
	* 990 PAGE 10 TOTAL OTHER					420,103.		0.	420,103.	44,393.	0.	2,562.
	* GRAND TOTAL 990 PAGE 10 DEPR					5614697.		0.	5614697.	1798298.	0.	169,264.
	VARIABLES											

928102  
06-24-09

(D) - Asset disposed

33.2

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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. Only file the original (no copies needed).

Type or print	Name of Exempt Organization	CORNERSSTONE COMMUNITY OUTREACH
File by the due date for extended filing the 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
Employer identification number	For IRS use only	36-3670992

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.

CURT MORTIMER

The books are in the care of 4615 N. CLIFTON - CHICAGO, IL 60640  
Telephone No. (773) 506-4904  
FAX No. 773-303-0116

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.

I request an additional 3-month extension of time until NOVEMBER 15, 2010.

For calendar year 2009, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_, and ending \_\_\_\_\_, 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.

8b 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.

8c 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.

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: Curt Mortimer Title: CPA Date: 8/6/10

Form 8868 (Rev. 4-2009)

mailed 5/17/10

IRS still does not have calendar year

Form 8868 (Rev. 4-2009)

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

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

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.	3a	\$
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.	3b	\$
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).	3c	\$

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

is for the organization's return for:  calendar year 2009 or  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension

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.

• 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

• If the organization does not have an office or place of business in the United States, check this box

Telephone No. (773) 506-4904 FAX No. 773-303-0116

• The books are in the care of 4615 N. CLIFTON - CHICAGO, IL 60640

CURT MORTIMER

- Check type of return to be filed (file a separate application for each return):
- Form 990
  - Form 990-BL
  - Form 990-EZ
  - Form 990-PF
  - Form 990-T (sec. 401(a) or 408(a) trust)
  - Form 990-T (trust other than above)
  - Form 1041-A
  - Form 4720
  - Form 5227
  - Form 6069
  - Form 8870

Type or print	Name of Exempt Organization
File by the due date for filing your return. See instructions.	CORNERSTONE COMMUNITY OUTREACH
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
Employer identification number	36-3670992

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

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

Part I only  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

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

Do not complete Part II unless 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 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).