

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA GAINESVILLE DIVISION		PROOF OF CLAIM	
In re Cornerstone Ministries Investments, Inc		Case Number 08-20355-reb	
NOTE See Reverse for List of Debtors/Case Numbers/ important details This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court	
Name of Creditor and Address the person or other entity to who the debtor owes money or property		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">MAR 17 2008</div> <div style="font-size: 3em; font-weight: bold; margin-bottom: 10px;">BMC</div> <p style="font-size: 0.8em;">If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again</p> <p style="font-weight: bold; text-align: center;">THIS SPACE IS FOR COURT USE ONLY</p>	
 14327826003470 SALLY Y BRAY 10484 BURKHALTER ROAD STATESBORO GA 30461			
Creditor Telephone Number (404) 872 2624		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case Check here <input type="checkbox"/> replaces a previously filed claim dated _____ if this claim or <input type="checkbox"/> amends claim number (see reverse) _____	
Name and address where payment should be sent (if different from above)			
Payment Telephone Number ()			
1 AMOUNT OF CLAIM AS OF DATE CASE FILED \$ <u>113,411.19</u> If all or part of your claim is secured complete item 4c below however if all of your claim is unsecured do not complete item 4c If all or part of your claim is entitled to priority complete item 4b			
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim Attach itemized statement of interest or charges			
2 BASIS FOR CLAIM <u>Bonus</u>		3 LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR 3a Debtor may have scheduled account as <u>0</u>	
4 CLASSIFICATION OF CLAIM 4a UNSECURED NONPRIORITY CLAIM Total unsecured nonpriority claim \$ <u>113,411.19</u> DO NOT include the priority portion of your unsecured claim here 4b UNSECURED PRIORITY CLAIM Total unsecured priority claim \$ _____ Include ONLY the priority portion of your unsecured claim here <input type="checkbox"/> Check this box ONLY if you have an unsecured claim all or part of which is entitled to priority You MUST specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Up to \$2,425 of deposits toward purchase lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Wages salaries or commissions (up to \$10,950) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) <i>Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i>			
4c SECURED CLAIM (See instruction #4c on reverse side) Check the appropriate box if your claim is secured by a lien on property or a right of set off and provide the requested information Nature of property or right of setoff <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Total secured claim \$ _____ DO NOT include the priority or unsecured portion of your claim here Value of Property \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any \$ _____ Basis for Perfection _____			
5 CREDITS The amount of all payments on this claim has been credited for the purpose of making this proof of claim			
6 SUPPORTING DOCUMENTS Attach redacted copies of supporting doc such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements You may also attach a summary Attach redacted copies of evidence of perfection of a security interest (See definition of redacted on reverse side) If the documents are not available please explain			
7 DATE-STAMPED COPY DO NOT SEND ORIGINAL DOCUMENTS ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before the Bar date BY MAIL TO Cornerstone Ministries Investments Inc c/o BMC Group PO Box 900 El Segundo CA 90245 0900			THIS SPACE FOR COURT USE ONLY Cornerstone 00480
BY HAND OR OVERNIGHT DELIVERY TO Cornerstone Ministries Investments Inc c/o BMC Group 1330 East Franklin Ave El Segundo CA 90245			
DATE <u>3-11-08</u>	SIGNATURE The person filing this claim must sign it Sign and print name and title if any of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above Attach copy of power of attorney if any <u>Sally Y Bray</u>		

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571



2450 ATLANTA HIGHWAY, SUITE 903
CUMMING, GA 30040
(678) 455-1100

Statement
As Of 12/31/2007

Sally Y Bray - RTC
10484 Burkhalter Road
Statesboro, GA 30461

BROKER

BOND #	ISSUE DATE	MAT DATE	INT RATE	INT PAID	PRINCIPAL	UNPAID ACCD INT	VALUE
1838	01/28/2003	03/01/2008	9 00%	At Maturity	3,000 00	1,627 71	4,627 71
2030	02/24/2003	03/01/2008	9 00%	At Maturity	1,775 71	946 30	2,722 01
3139	08/31/2004	07/01/2009	8 25%	At Maturity	32,502 62	10,060 31	42,562 93
6385	08/20/2004	07/01/2009	8 25%	At Maturity	1,376 40	430 05	1,806 45
7156	04/22/2005	04/01/2010	8 25%	At Maturity	40,170 03	9,768 30	49,938 33
8018	09/18/2006	10/01/2011	9 00%	At Maturity	4,514 24	523 34	5,037 58
8019	09/18/2006	10/01/2011	9 00%	At Maturity	2,770 31	321 17	3,091 48
9437	07/01/2007	07/01/2012	9 00%	At Maturity	2,458 29	110 01	2,568 30
DEBT TOTALS					88,567 60	23,787.18	112,354 78

March 10, 2008

IRA account-Reliance Trust
Sally Y Bray
10484 Burkhalter Road
Statesboro, GA 30461

<u>Bond #</u>	<u>Issued</u>	<u>Maturity</u>	<u>Rate</u>	<u>Value 12/31/07</u>	<u>41 days int</u>	<u>Value 2/10/08</u>
1838	01/28/03	03/01/08	9 00%	\$ 4,627 71	\$ 46 78	\$ 4,674 49
2030	02/24/03	03/01/08	9 00%	2,722 01	27 52	2,749 53
3139	08/31/04	07/01/09	8 25%	42,562 93	394 44	42,957 37
6385	08/20/04	07/01/09	8 25%	1,806 45	16 74	1,823 19
7156	04/22/05	04/01/10	8 25%	49,938 33	462 78	50,401 11
8018	09/18/06	10/01/11	9 00%	5,037 58	50 93	5,088 51
8019	09/18/06	10/01/11	9 00%	3,091 48	31 25	3,122 73
9437	07/01/07	07/01/12	9 00%	2,568 30	25 96	2,594 26
					Total	\$113,411 19