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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2007

Open to Public  
Inspection

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

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

A For the 2007 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

B Check if applicable	C Name of organization <b>Greystone Outreach Legacy Foundation</b>	D Employer identification number <b>52-2205962</b>
Address change	Number and street (or P O box, if mail is not delivered to street address) <b>4100 Greystone Drive</b>	Room/suite
Name change	City or town, state or country, and ZIP + 4 <b>Birmingham AL 35242</b>	F Group Exemption Number
Initial return		
Termination		
Amended return		
Application pending		

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

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ►

J Organization type (check only one)  501(c) ( 3 ) (insert no)  4947(a)(1) or  527

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ► \$ **27,455**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3
4 Investment income	4
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule)	5c
6 Special events and activities (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
b Less direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities Subtract line 6b from line 6a	6c
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a	7c
8 Other revenue (describe) ►	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 <b>19,317</b>
RECEIVED	
10 Grants and similar amounts paid (attach schedule)	10 <b>20,000</b>
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 <b>1,973</b>
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 <b>240</b>
16 Other expenses (describe) ► See Statement 2	16 <b>563</b>
17 Total expenses. Add lines 10 through 16	17 <b>22,776</b>
18 Excess or (deficit) for the year Subtract line 17 from line 9	18 <b>-3,459</b>
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 <b>45,175</b>
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 <b>41,716</b>

## Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 60 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	45,175	22 <b>41,716</b>
23 Land and buildings		23
24 Other assets (describe) ►		24
25 Total assets	45,175	25 <b>41,716</b>
26 Total liabilities (describe) ►	0	26 <b>0</b>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	45,175	27 <b>41,716</b>

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

Form 990-EZ (2007)

DAA

See Statement 3

61

13

**Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)**

What is the organization's primary exempt purpose?

**See Statement 4**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

**28 Provide benevolent assistance so as to promote the well-being of humanity and the alleviation of human need and suffering.**

(Grants \$ 20,000) If this amount includes foreign grants, check here



28a

21,973

29

(Grants \$ ) If this amount includes foreign grants, check here



29a

30

(Grants \$ ) If this amount includes foreign grants, check here



30a

31 Other program services (attach schedule)

(Grants \$ ) If this amount includes foreign grants, check here



31a

**32 Total program service expenses.** Add lines 28a through 31a

32

21,973

**Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)**

(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
See Statement 5				

**Part V Other Information (Note the statement requirement in General Instruction V.)**

Yes

No

33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change

33

X

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes

34

X

35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?

35a

X

b If "Yes," has it filed a tax return on Form 990-T for this year?

35b

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.

36

X

37a Enter amount of political expenditures, direct or indirect, as described in the instr

► 37a |

0

b Did the organization file Form 1120-POL for this year?

37b

X

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?

b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved

38b

39 501(c)(7) organizations Enter.

a Initiation fees and capital contributions included on line 9

39a

b Gross receipts, included on line 9, for public use of club facilities

39b

## Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a	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>	40b	Yes	No
b	501(c)(3) and (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 an explanation	40e	<input type="checkbox"/>	
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	40f	<input type="checkbox"/>	
d	Enter amount of tax on line 40c reimbursed by the organization	40g	<input type="checkbox"/>	
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	40h	<input checked="" type="checkbox"/>	
41	List the states with which a copy of this return is filed ► <u>None</u>	41a	Telephone no	205-995-9026
42a	The books are in care of ► <u>Melissa McCabe</u> <u>1040 Greystone Cove</u> Located at ► <u>Birmingham, AL</u>	42b	ZIP + 4	35242
b	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)?	42c	Yes	No
c	If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1.	42d	<input checked="" type="checkbox"/>	
43	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country.► _____	43a	►	<input type="checkbox"/>
43b Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <u>43</u>				

Please Sign Here	<p>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</p> <p>►  Signature of Officer</p> <p>► <u>Mellisa McCabe</u> Type or print name and title</p> <p>10/14/10 Date</p> <p>Executive Director</p>			
Paid Preparer's Use Only	<p>Preparer's signature ►  <u>Joseph R. Kacmarynski</u></p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4 ► <u>Smith &amp; Kacmarynski, LLC</u> <u>2005 Stonegate Trl Ste 115</u> <u>Birmingham, AL 35242</u></p>	Date	Check if self-employed ► <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) <u>587-70-2969</u>
		10/14/10		<p>EIN ►</p> <p>Phone no ►</p>

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

## Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2007

**Department of the Treasury  
Internal Revenue Service**

**Supplementary Information-(See separate instructions.)**

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

Name of the organization

## Greystone Outreach Legacy

## Foundation

**Employer identification number**  
**52-2205962**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

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

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

## **Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

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

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

If there are none, enter "none." See page 2 of the instructions.)		
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of other contractors receiving over		

Total number of other contractors receiving over  
\$50,000 for other services ►

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Schedule A (Form 990 or 990-EZ) 2007

**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 ► \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )

1 

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

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?

2a 

b Lending of money or other extension of credit?

2b 

c Furnishing of goods, services, or facilities?

2c 

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? **See Part IV, Form 990-EZ**

2d 

e Transfer of any part of its income or assets?

2e 

3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )

3a 

b Did the organization have a section 403(b) annuity plan for its employees?

3b 

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c 

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d 

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a 

b Did the organization make any taxable distributions under section 4966?

4b 

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c 

d Enter the total number of donor advised funds owned at the end of the tax year

► \_\_\_\_\_

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

► \_\_\_\_\_

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

► \_\_\_\_\_ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

► \_\_\_\_\_ 0

**Part IV** **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that 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 ►**

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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I       Type II       Type III-Functionally Integrated       Type III-Other

**Provide the following information about the supported organizations. (See page 8 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?	(e) Amount of support
<b>Total</b>				►

**14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )					0
16 Membership fees received					0
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					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22					0
24 Line 23 minus line 17					0
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	► 26a	0			
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 2003 through 2006 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts	► 26b				
c Total support for section 509(a)(1) test Enter line 24, column (e)	► 26c				
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	► 26d				
e Public support (line 26c minus line 26d total)	► 26e				
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	► 26f	%			
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 (2006) 0 (2005) 0 (2004) 0 (2003) 0					
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 11b, 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 (2006) 0 (2005) 0 (2004) 0 (2003) 0					
c Add. Amounts from column (e) for lines. 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	► 27c				
d Add Line 27a total _____ and line 27b total _____	► 27d				
e Public support (line 27c total minus line 27d total)	► 27e				
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	► 27f				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	► 27g	%			
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	► 27h	%			
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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					

Schedule A (Form 990 or 990-EZ) 2007 **Greystone Outreach Legacy**

52-2205962

Page 5

**Part V Private School Questionnaire (See page 9 of the instructions.)****(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
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?	30	
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 )	31	
32	Does the organization maintain the following	32a	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32b	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32c	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
33	Does the organization discriminate by race in any way with respect to	33a	
a	Students' rights or privileges?	33b	
b	Admissions policies?	33c	
c	Employment of faculty or administrative staff?	33d	
d	Scholarships or other financial assistance?	33e	
e	Educational policies?	33f	
f	Use of facilities?	33g	
g	Athletic programs?	33h	
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
34a	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 VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)**

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting organization to a noncharitable exempt organization of**

- (i) Cash
- (ii) Other assets

**b Other transactions**

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

►  Yes  No

**b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

**Federal Statements****Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
	\$
Expenses	
Supplies	363
Bank Charges	200
Total	\$ <u>563</u>

**Special Events Schedule**

Form <b>990</b>		<b>2007</b>
For calendar year 2007, or tax year beginning _____, and ending _____		
Name		Employer Identification Number
<b>Greystone Outreach Legacy Foundation</b>		<b>52-2205962</b>

## Description (A) Fallen Heroes Event

(B) \_\_\_\_\_

(C) \_\_\_\_\_

Others \_\_\_\_\_

1227GREY Greystone Outreach Legacy  
52-2205962  
FYE: 12/31/2007

**Federal Statements**

10/14/2010 12:14 PM

**Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid**

Name Address	Date of Gift	Description of Property	Relationship to Org	Cash Contrib	NonCash Contrib	Book Value	BV Explan	FMV Explan
Alabama Nat'l Guard Foundation	11/29/07			\$	\$	\$		
1720 Congressman WL Dickinson Dr. Montgomery AL 36109-0711					15,000			
Children's Hospital 1600 7th Ave. So Birmingham AL 35233		12/18/07			5,000			
Total				\$ 20,000	\$ 0	\$ 0		

**Federal Statements****Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

To promote the social and general welfare, health, education and development of the citizens in not only the greater Birmingham community but also throughout the United States by responding with financial and other assistance to charitable and governmental agencies or institutions devoted to addressing such charitable, educational and benevolent purposes so as to promote the well-being of humanity and the alleviation of human need and suffering.

1227GREY Greystone Outreach Legacy  
52-2205962  
FYE: 12/31/2007

## Federal Statements

10/14/2010 12:14 PM

### Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Karen Pate 525 Castlerock Drive Birmingham AL 35242	Ex Director	2	1,973	0	0
Mark McGarvey 200 Smyer Trace Birmingham AL 35216	Board Member	1	0	0	0
Bhrett McCabe 1040 Greystone Cove Birmingham AL 35242	Board Member	1	0	0	0
Ashley Hiers-Fuentes 1140 Haven Road Birmingham AL 35242	Board Member	1	0	0	0
Mike Washburn 1387 Legacy Drive Birmingham AL 35242	Board Member	1	0	0	0
Bill Shanks 4516 Old Leeds Road Birmingham AL 35242	Board Member	1	0	0	0
Steve Boner 3541 Shandwick Place Birmingham AL 35242	Board Member	1	0	0	0
Dottie Smith 1020 Legacy Drive Birmingham AL 35242	Board Member	1	0	0	0