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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

Open to Public

Department of the Treasury

private foundation)
soring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All panizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Α For the 2009 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address Change use IRS label or Name Change print or ALABAMA HOUSING FOUNDATION, 63-1230837 type Initial return Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Telephone number Termin-ated Specific .O. BOX 241607 (334)244-7828 Instruc-City or town, state or country, and ZIP + 4 Amended F Group Exemption MONTGOMERY, AL 36124-1607 Number > G Accounting method: X Cash • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Accrual Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A H Check > X if the organization is not Tax-exempt status (check only one) - \times 501(c) (3) \triangleleft (insert no.) __ 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check Light organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I Contributions, gifts, grants, and similar amounts received 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 25. Investment income 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6,625 .550 Less: direct expenses other than fundraising expenses 66 2,075. Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7<u>a</u> Gross sales of inventory, less returns and allowances Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe 8 2,100. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 STMT 3,000. 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractors 750. 13 13 Occupancy, rent, utilities, an armount of 311<u>.</u> SEE STATEMENT 2 14 14 86. Printing, publications, po <u>1</u>5 15 3,095. SEE STATEMENT 16 Other expenses (describe 16 Total expenses. Add Mes MANough \$6 2010 7,242. 17 17 18 Excess or (deficit) for the year (Subtract line 17 from 18 -5,142. Net Assets Net assets or fund balances as peopling of year from line 27, column (A)) 49,819. (must agree with end-of-year 19 20 Other changes in net assets or fund balances (attach explanation) 20 44,677. Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 43,968. 48,912. 22 Cash, savings, and investments 23 23 Land and buildings Other assets (describe > OTHER DEPRECIABLE ASSETS 907. 24 24

709. 44,677. 0. 44,677.

Form **990-EZ** (2009)

49,819.

819

25

26

Net assets or fund balances (line 27 of column (B) must agree with line 21)

Total liabilities (describe

25

26

Total assets

	m 990-EZ (2009) ALABAMA HOUSING FOUNDA			63-	12308	37 Page 2
Pi	art III Statement of Program Service Accomplis	shments (See the instructions for	Part III.)		Ex	penses
Wha	nat is the organization's primary exempt purpose? SEE STATEM	MENT 6				r section 501(c)(3)
Des	scribe what was achieved in carrying out the organization's exem	npt purposes. In a clear and conc	ise manner, descri	be) organizations and 7(a)(1) trusts, optional
the	e services provided, the number of persons benefited, and other i	relevant information for each prog	ram title		for others)	
28	SEE STATEMENT 5					
				_		
	(Grants \$ 3,000.) If this amount includes for	reign grants, check here			28a	<u>3,000.</u>
29						
						
	(Grants \$) If this amount includes for	oreign grants, check here	<u> </u>	<u></u>	29a	
30						
			 			
	(Grants \$) If this amount includes for	oreign grants, check here			30a	
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes for	oreign grants, check here		<u> </u>	31a	2 222
	Total program service expenses (add lines 28a through 31a)	Vay Employees			32	3,000.
P	eart IV List of Officers, Directors, Trustees, and I	Ney Employees. List each one ev	en if not compensated	1		or Part IV)
		(b) Title and average hours	(c) Compensation	1 ' '	ntributions imployee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)	_	eferred	other allowances
	T DIMOUTE OF DO DOT 04160F			com	pensation	
	Y BATCHELOR, PO BOX 241607,	CHAIR			^	
	ONTGOMERY, AL 36124-1607	0.00	0.		0.	0.
	AVIS BEDWELL, PO BOX 241607,	VICE CHAIR			•	
	ONTGOMERY, AL 36124-1607	0.00	0.		0.	0.
	ICHARD ROBERSON, PO BOX 241607,	SECRETARY	_		0	
	ONTGOMERY, AL 36124-1607	0.00	0.		0.	0.
	AM HUFFMAN, PO BOX 241607,	TREASURER	_		0	
	ONTGOMERY, AL 36124-1607	0.00	0.		0.	0.
_	TAN POSEY, PO BOX 241607,	MEMBER	_		0	
	ONTGOMERY, AL 36124-1607	0.00 MEMBER	0.	-	0.	0.
	OHN TURNER, PO BOX 241607,		0.		0.	
	ONTGOMERY, AL 36124-1607 OBERT YELVERTON, PO BOX 241607,	0.00 MEMBER	<u> </u>		<u> </u>	0.
	ONTGOMERY, AL 36124-1607	0.00	o.		0.	0.
	ALPH TRALLO, PO BOX 241607,	MEMBER	<u>.</u>			<u> </u>
	ONTGOMERY, AL 36124-1607	0.00	٥.		0.	0.
	ICHAEL WADE, PO BOX 241607,	MEMBER	· ·		<u> </u>	
	ONTGOMERY, AL 36124-1607	0.00	ο.		0.	0.
	UCY BAILEY, PO BOX 241607,	MEMBER		 		<u>.</u>
	ONTGOMERY, AL 36124-1607	0.00	o.		0.	0.
	ORIS HYDRICK, PO BOX 241607,	EXECUTIVE DIR				
	ONTGOMERY, AL 36124-1607	4.00	O.		0.	0.
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932 02-0	2172 -08-10				Form	990-EZ (2009)

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)						
	\		Yes	No			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		Х			
34	Were any changes made to the organizing or governing documents? 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, 6a, and 7a (among others), but not						
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.						
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 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	N/	A			
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"						
	complete applicable parts of Sch. N	36		X			
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.) •					
b	Did the organization file Form 1120-POL for this year?	37b	ļ	X			
38 a	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 outstanding at the end of the period covered by this return?	38a		X			
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	_					
39	Section 501(c)(7) organizations. Enter:						
a	Initiation fees and capital contributions included on line 9 39a N/A						
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	_					
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:						
	section 4911 ►	ŀ					
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the						
	year or is it 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	40b	ļ	X			
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers						
	or disqualified persons during the year under sections 4912, 4955, and 4958	-					
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the						
	organization	-					
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter						
	transaction? If "Yes," complete Form 8886-T	40e	L	X			
41	List the states with which a copy of this return is filed. NONE						
42 a	The organization's books are in care of ▶ DORIS HYDRICK Telephone no. ▶ (334)						
_	Located at ▶ P.O. BOX 241607, MONTGOMERY, AL ZIP+4 ▶	3012	4-1	00/			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	405	162	X			
	account)?	42b	 				
	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	-					
		400		х			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	Ь				
40	If "Yes," enter the name of the foreign country:	-					
43	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	N/A		ш			
	and enter the amount of tax-exempt interest received or accrued during the tax year	14/ H	<u> </u>				
			Yes	No			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1.63	1.40			
44	Form 990-EZ	44		x			
A E	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be	44	\vdash				
45	completed instead of Form 990-EZ	45		x			
	Completed meteda of Form 500 EZ		100-E7				

	90-EZ (2009) ALABAMA HOUSING FOUNDATION			63-1230	
Part	 Section 501(c)(3) organizations and section 4 organizations and section 4947(a)(1) nonexempt chantable and 51 			-	
46 D	id the organization engage in direct or indirect political campaign activities of	on behalf of or in opposition to	candidates for public		Yes N
	ffice? If "Yes," complete Schedule C, Part I	or committee of the opposition to	oarraioatoo for public	ſ	46 X
	id the organization engage in lobbying activities? If "Yes," complete Scho	edule C, Part II		Ī	47 2
	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes			[48 2
49a D	old the organization make any transfers to an exempt non-charitable related of	organization?		[49a 💮 🕽
b If	"Yes," was the related organization a section 527 organization?			[49b
	complete this table for the organization's five highest compensated employed nan \$100,000 of compensation from the organization. If there is none, enter	•	s, trustees and key e	mployees) who ea	ach received mor
	(a) Name and address of each ampleyee and more	(b) Title and average hours	(c) Compensation	(d) Contribution to employee	(e) Expense
	(a) Name and address of each employee paid more than \$100,000	per week devoted to position		benefit plans & deferred	account and other allowand
	NONE	position		compensation	olitici allowanie
	complete this table for the organization's five highest compensated independ rganization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid more		(b) Type of se		ation from the
	(a) Harris and address Stream, maspenderic estimation para more		- (2) 1) po or so	,,	
		····	-		
d T	otal number of other independent contractors each receiving over \$100,000)	>		
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accorrect, and complete Declaration of proprier (other than officer) is passed on all in Signature of officer Signature of officer Type or print name and title	companying schedules and statemen formation of which preparer has any time.	/ knowledge	y knowledge and bei	,
Paid Prepar			eck if self- ployed	parer's identifying nu	imber (See instr.)
Use Or	Firm's name (or yours WILSON PRICE CPA		EIN	>	
	if self-employed). 3815 INTERSTATE CT.		Phor	ne 🖊	
	address, and ZIP+4 MONTGOMERY, AL 36109		no.	(334)	<u> 271-220</u> 0
May th	e IRS discuss this return with the preparer shown above? See instructions				X Yes

932174 02-08-10 Form 990-EZ (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2009

Open to Public Inspection

Name of the organization Employer identification number HOUSING FOUNDATION, INC 63-1230837 Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 exempt 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). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c ____ Type III - Functionally integrated d Type III · Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? q Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (vii) Amount of (ii) EIN organization organizátion in col. in col. (i) listed in vour organization in col. support organization (i) organized in the (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Nο Yes No Nο

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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

63-1230837 Page 2 Schedule A (Form 990 or 990-EZ) 2009 ALABAMA HOUSING FOUNDATION 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 100 500 9,180 4,225 14,005. include any "unusual grants") 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 100. 500. 9,180. 4,225 14,005. 4 Total. Add lines 1 through 3 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 11. column (f) 14,005. 6 Public support. Subtract line 5 from line Section B. Total Support (b) 2006 Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total 100. 500 9,180. 7 Amounts from line 4 4,225 **14,005.** 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 125 113 118. 42 25 423. and income from similar sources 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 9,675. 6,625 16,300. assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 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 Section C. Computation of Public Support Percentage 45.58 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 64.25 15 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and $\triangleright X$ stop here. The organization qualifies as a publicly supported organization b 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 b 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

ection A. Public Support alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	(a) 2000	(5) 2000	(0) 2007	(u) 2000	(e) 2000	(I) Total
membership fees received. (Do not				1		
include any "unusual grants ")						
· · · · · ·					 	
2 Gross receipts from admissions, merchandise sold or services per-						
formed, or facilities furnished in			1			
any activity that is related to the						İ
organization's tax-exempt purpose						
3 Gross receipts from activities that			1			
are not an unrelated trade or bus-						ŀ
iness under section 513					<u> </u>	
4 Tax revenues levied for the organ-						
ization'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) ection B. Total Support			1	<u>l</u>	1	<u>l</u>
	4 > 0005	#1.0000	1	T	T	T 40 = 1.1
alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
Oa Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources		<u> </u>				
b Unrelated business taxable income			i			
(less section 511 taxes) from businesses			j			
acquired after June 30, 1975						
c Add lines 10a and 10b						
Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
2 Other income Do not include gain			<u> </u>	<u> </u>	1	
or loss from the sale of capital				1		
assets (Explain in Part IV)		 	-			
Total support (Add lines 9, 10c, 11, and 12)		l first seemed the	rd fourth or fifth t			I
4 First five years. If the Form 990 is for the	ie organization	s iirst, second, triii	ra, iourin, or milit i	ax year as a secu	on 50 r(c)(5) organiz	zation,
check this box and stop here section C. Computation of Public	Support Po	rcontage		 	·	
					T.= T	
5 Public support percentage for 2009 (lin		-	column (t))	•	15	
6 Public support percentage from 2008 S		_			16	
ection D. Computation of Invest						
7 Investment income percentage for 200	9 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	
8 Investment income percentage from 20	08 Schedule A,	Part III, line 17	•		18	
9a 33 1/3% support tests - 2009. If the o	rganization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box and	stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	▶□
b 33 1/3% support tests - 2008. If the o	•		· ·	=		and
	-					_
line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	inization qualifies a	as a publiciv sunn	orted organization	

Part IV			nental l	Inform	iation. Co	omplete	this part t	to provide thation See ins	e explana	tions require	d by Part II, line 10; Part II, line 17a or 17b;
CHEDU	LE	Α,	PART	II,	LINE	10,	EXPL	ANATIO	1 FOR	OTHER	INCOME:
UNDRA	ISI	NG	INCO	ME							
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FORM 990-EZ		OTHER EXPENSES	STATEMENT
DESCRIPTION			AMOUNT
AUTO EXPENSE MEETINGS INSURANCE			716 155 2,224
TOTAL TO FORM	990-EZ, LINE	16	3,095
FORM 990-EZ	OCCUPANCY,	RENT, UTILITIES AND MAINTENANCE	STATEMENT
DESCRIPTION			AMOUNT
DEPRECIATION OTHER EXPENSES	3		198 113
TOTAL TO FORM	990-EZ, LINE	14	311

FORM 990-EZ CASH GRANTS AND ALLOCA	CASH GRANTS AND ALLOCATIONS			
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT	r	
FINANCIAL ASSISTANCE CHRISTY DIANE ROUSE SPECIAL NEEDS FUND 1375 FREEZE MOUNTAIN DRIVE ODENVILLE, AL 35120	NONE	3,00	00.	
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		3,00	00.	

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEM	ENT ——–	T 4	
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL ONTRACT?	[] YES	[X]	NO	
-	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [] YES	[X]	NO	

990-EZ PG 2 STATEMENT

THE ORGANIZATION IS WORKING WITH THE COMMUNITY TO IDENTIFY DISADVANTAGED MANUFACTURED HOME OWNERS AND ASSIST IN REPAIRING, RENOVATING OR REPLACING THEIR EXISTING MANUFACTURED HOME.

990-EZ PG 2 STATEMENT 6

TO IMPROVE THE QUALITY OF LIFE FOR DISADVANTAGED MANUFACTURED HOME OWNERS DUE TO INCOME, HEALTH OR CIRCUMSTANCES BY ASSISTING IN THE REPAIR, RENOVATION OR REPLACEMENT OF THE EXISTING MANUFACTURED HOME, AND TO REACH DISASTER VICTIMS IN A MORE EFFICIENT MANNER.

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