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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public Inspection

Form 990-EZ

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)  
Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2010 calendar year, or tax year beginning NOV 1, 2010 and ending APR 1, 2011

B Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization: MOUNTAIN MANOR HOMES, INC.  
 Number and street (or P O box, if mail is not delivered to street address): P.O BOX 257  
 Room/suite:  
 City or town, state or country, and ZIP + 4: ROANOKE, VA 24002

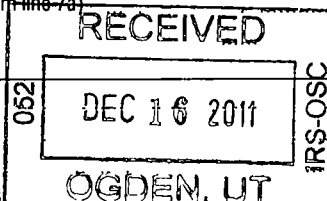
D Employer identification number: 54-1479102  
 E Telephone number: (540) 343-9341  
 F Group Exemption Number:  
 H Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

G Accounting Method:  Cash  Accrual Other (specify) \_\_\_\_\_  
 I Website: N/A  
 J Tax-exempt status (check only one) -  501(c)(3)  501(c)( ) (insert no)  4947(a)(1) or  527  
 K Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  
 L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 52,084.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	52,078.
	3	Membership dues and assessments	3	
	4	Investment income	4	6.
	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)	5c	
	6	Gaming and fundraising events	6	
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	52,084.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	3,562.
	13	Professional fees and other payments to independent contractors	13	5,447.
	14	Occupancy, rent, utilities, and maintenance	14	32,350.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	12,192.
	17	Total expenses. Add lines 10 through 16	17	53,551.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<1,467.>
Net Assets	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	<256,585.>
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	258,052.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	0.



SCANNED DEC 30 2011

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

Form 990-EZ (2010)

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**Part II Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	3,156.22	4,347.
23 Land and buildings	187,764.23	180,188.
24 Other assets (describe in Schedule O) SEE SCHEDULE O	38,081.24	39,790.
25 Total assets	229,001.25	224,325.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	485,586.26	482,377.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	<256,585.27	0.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SEE SCHEDULE O

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, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE SCHEDULE O		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	53,551.
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	53,551.

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

Check if the organization used Schedule O to respond to any question in this Part IV

(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
WAYLES DANDRIDGE, 2810 WYCLIFFE AVE SW, ROANOKE, VA 24014-3232	PRESIDENT 0.50	0.	0.	0.
THOMAS R. SCHROEDER, 3014 MAYWOOD ROAD, ROANOKE, VA 24014-1368	FIRST VICE PRESIDENT 0.50	0.	0.	0.
ANNE MUIR MOOMAW, 3361 ONE OAK ROAD, ROANOKE, VA 24014-1368	SECRETARY & REGISTERED AGE 0.25	0.	0.	0.
JOHN DOUTHAT, 233 PARKCREST ST., SW, ROANOKE, VA 24014-1368	TREASURER 0.25	0.	0.	0.
R. DEVEREAUX JARRATT P.O. BOX 257, ROANOKE, VA 24002	DIRECTOR (TRUSTEE) 0.25	0.	0.	0.
BARKLEY THOMPSON P.O. BOX 257, ROANOKE, VA 24002	DIRECTOR (RECTOR) 0.25	0.	0.	0.
DANIEL C. SUMMERLIN, 2501 JEFFERSON STREET S.W., ROANOKE, VA 24014	VICE PRESIDENT 0.25	0.	0.	0.
JAN B. GARRETT, 2421 CORNWALLIS AVENUE S.E., ROANOKE, VA 24014	DIRECTOR (SR. WARDEN) 0.25	0.	0.	0.

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

	Yes	No
33		X

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

34	X	
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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, explain in Schedule O why the organization did not report the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization 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 Schedule N

36	X	
----	---	--

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 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 outstanding at the end of the tax year 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

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.

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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

40b		X
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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 ▶ 0.

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.

e 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		X
-----	--	---

41 List the states with which a copy of this return is filed ▶ NONE

42a The organization's books are in care of ▶ COORDINATED SERVICES MANAGEM Telephone no ▶ (540) 563-4565  
 Located at ▶ 3333 PETERS CREEK ROAD, ROANOKE, VA ZIP + 4 ▶ 24019

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)?

	Yes	No
42b		X

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.

c At any time during the calendar year, did the organization maintain an office outside of the US?

42c		X
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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 ▶ 43 | N/A

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
44a		X

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

44b		X
-----	--	---

c Did the organization receive any payments for indoor tanning services during the year?

44c		X
-----	--	---

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d		
-----	--	--

- 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
  - a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ
- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
  - b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

	Yes	No
47		X
48		X
49a		X
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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: Wayles H. Dandridge, President Date: 12-12-2011  
 Type or print name and title: WAYLES H. DANDRIDGE, PRESIDENT

**Paid Preparer Use Only** Print/Type preparer's name: TERRENCE M. CLEM Preparer's signature: Terrence M. Clem Date: 12/19/11 Check  if self-employed PTIN:    
 Firm's name: AMMEN & CLEM, PC Firm's EIN:    
 Firm's address: 5401 FALLOWATER LANE SW SUITE H ROANOKE, VA 24018 Phone no: (540) 989-1715

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**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.

OMB No 1545-0047

**2010**

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Name of the organization **MOUNTAIN MANOR HOMES, INC.** Employer identification number **54-1479102**

**Part I 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.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  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.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  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.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  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
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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).
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> 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**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> 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 <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</b> 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 <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2009.</b> 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 <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				3,962.	5,807.	9,769.
<b>2</b> 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	90,735.	93,433.	91,732.	101,888.	46,271.	424,059.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	90,735.	93,433.	91,732.	105,850.	52,078.	433,828.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</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						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support.</b> (Subtract line 7c from line 6)						433,828.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	90,735.	93,433.	91,732.	105,850.	52,078.	433,828.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	61.	59.	39.	22.	6.	187.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	61.	59.	39.	22.	6.	187.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	90,796.	93,492.	91,771.	105,872.	52,084.	434,015.
<b>14 First five years.</b> 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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.96 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	16	99.94 %

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

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.04 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	18	.06 %

**19a 33 1/3% support tests - 2010.** 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%, check this box and stop here. The organization qualifies as a publicly supported organization **b 33 1/3% support tests - 2009.** 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 N**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Liquidation, Termination, Dissolution, or Significant Disposition of Assets**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

**MOUNTAIN MANOR HOMES, INC.**

Employer identification number

**54-1479102**

**Part I** Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	CASH	04/01/11	4,347	BOOK VALUE	54-1236735	ELM MANOR HOMES, INC. 32 ELM AVENUE ROANOKE, VA 24016	501(C)(3)
	RENTS RECEIVABLE	04/01/11	56	BOOK VALUE	54-1236735	ELM MANOR HOMES, INC. 32 ELM AVENUE ROANOKE, VA 24016	501(C)(3)
	PREPAID EXPENSES (INSURANCE)	01/01/11	627	BOOK VALUE	54-1236735	ELM MANOR HOMES, INC. 32 ELM AVENUE ROANOKE, VA 24016	501(C)(3)
	RESERVE FOR REPLACEMENTS	04/01/11	15,353	BOOK VALUE	54-1236735	ELM MANOR HOMES, INC. 32 ELM AVENUE ROANOKE, VA 24016	501(C)(3)
	TENANT SECURITY DEPOSITS	04/01/11	3,166	BOOK VALUE	54-1236735	ELM MANOR HOMES, INC. 32 ELM AVENUE ROANOKE, VA 24016	501(C)(3)
	REFINANCING COSTS	04/01/11	8,423	BOOK VALUE	54-1236735	ELM MANOR HOMES, INC. 32 ELM AVENUE ROANOKE, VA 24016	501(C)(3)
	ACCOUNTS RECEIVABLE - HUD SERVICE COORDINATOR GRANT	04/01/11	1,074	BOOK VALUE	54-1236735	ELM MANOR HOMES, INC. 32 ELM AVENUE ROANOKE, VA 24016	501(C)(3)

2 Did or will any officer, director, trustee, or key employee of the organization:

- a Become a director or trustee of a successor or transferee organization?
- b Become an employee of, or independent contractor for, a successor or transferee organization?
- c Become a direct or indirect owner of a successor or transferee organization?
- d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
- e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

	Yes	No
2a		X
2b		X
2c		X
2d		X

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

Schedule N (Form 990 or 990-EZ) (2010)

Part I Continuation of Liquidation, Termination, or Dissolution (Schedule N (Form 990 or 990-EZ), Part I, line 1.)

(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
LAND AND LAND IMPROVEMENTS	04/01/11	156,459	APPRAISAL	54-1236735	ELM MANOR HOMES, INC. 32 ELM AVENUE ROANOKE, VA 24016	501(C)(3)
BUILDING AND BUILDING IMPROVEMENTS	04/01/11	634,731	APPRAISAL	54-1236735	ELM MANOR HOMES, INC. 32 ELM AVENUE ROANOKE, VA 24016	501(C)(3)
OTHER DEPRECIABLE ASSETS - AT ACTUAL COSTS LESS DEPRECIATION	04/01/11	11,091	ACTUAL COSTS LESS DEPRECIATION	54-1236735	ELM MANOR HOMES, INC. 32 ELM AVENUE ROANOKE, VA 24016	501(C)(3)
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	04/01/11	<11,168	ACTUAL COST	54-1236735	ELM MANOR HOMES, INC. 32 ELM AVENUE ROANOKE, VA 24016	501(C)(3)
PREPAID RENT	04/01/11	<12	ACTUAL COST	54-1236735	ELM MANOR HOMES, INC. 32 ELM AVENUE ROANOKE, VA 24016	501(C)(3)
ACCOUNTS PAYABLE - REFINANCING ADVANCE	04/01/11	<8,000	ACTUAL COST	54-1236735	ELM MANOR HOMES, INC. 32 ELM AVENUE ROANOKE, VA 24016	501(C)(3)
TENANT SECURITY DEPOSITS LIABILITY	04/01/11	<3,114	ACTUAL COST	54-1236735	ELM MANOR HOMES, INC. 32 ELM AVENUE ROANOKE, VA 24016	501(C)(3)
SECTION 202 HUD MORTGAGE	04/01/11	<460,083	BOOK VALUE	54-1236735	ELM MANOR HOMES, INC. 32 ELM AVENUE ROANOKE, VA 24016	501(C)(3)

# Commonwealth of Virginia



## State Corporation Commission

*I Certify the Following from the Records of the Commission:*

The foregoing is a true copy of the certificate of merger and restatement of MOUNTAIN MANOR HOMES issued April 01, 2011.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:  
April 1, 2011*

*Joel H. Peck*  
Joel H. Peck, Clerk of the Commission

COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

AT RICHMOND, APRIL 1, 2011

The State Corporation Commission finds the accompanying articles submitted on behalf of

**ELM MANOR HOMES**

comply with the requirements of law and confirms payment of all required fees. Therefore, it is ORDERED that this

**CERTIFICATE OF MERGER AND RESTATEMENT**

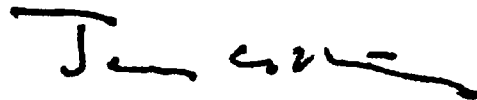
be issued and admitted to record with the articles of merger in the Office of the Clerk of the Commission, effective April 1, 2011. Each of the following:

**MOUNTAIN MANOR HOMES**

is merged into ELM MANOR HOMES, which continues to exist under the laws of VIRGINIA with the name ELM MANOR HOMES, and the separate existence of each non-surviving entity ceases.

STATE CORPORATION COMMISSION

By



James C. Dimitri  
Commissioner

ARTICLES OF MERGER OF  
MOUNTAIN MANOR HOMES  
AND  
ELM MANOR HOMES

*don*


*don*

The undersigned, on behalf of the corporations set forth below, pursuant to Title 13.1, Chapter 10, Article 11 of the Code of Virginia, as amended, state as follows:

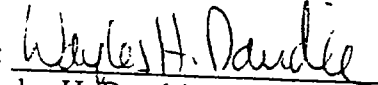
1. Mountain Manor Homes, a Virginia corporation, and Elm Manor Homes, a Virginia corporation, will merge.
2. The Plan of Merger is as follows:
  - a. The names of the two corporations to be merged are Mountain Manor Homes and Elm Manor Homes. Elm Manor Homes will be the surviving corporation.
  - b. Upon merger, the assets and liabilities of Mountain Manor Homes shall become assets and liabilities of Elm Manor Homes.
  - c. Since neither corporation has members, there will be no effect on any membership interests in either corporation.
  - d. The articles of incorporation of Elm Manor Homes, the surviving corporation, shall be amended and restated as set out in Attachment A and incorporated herein by reference and made a part of these Articles of Merger.
3. [Intentionally left blank]
4. The Board of Directors of Mountain Manor Homes adopted the Plan of Merger by unanimous consent of all of the Directors, effective April 1, 2011, Mountain Manor Homes having no members.
5. The Board of Directors of Elm Manor Homes adopted the Plan of Merger by unanimous consent of all of the Directors, effective April 1, 2011, Elm Manor Homes having no members.

6. The effective date and time of these Articles of Merger will be the date and time they are filed with the Office of the Clerk of the State Corporation Commission of the Commonwealth of Virginia.
7. The undersigned, on behalf of each of the corporations, does hereby adopt the Plan of Merger and these Articles of Merger.

ELM MANOR HOMES

By:   
Thomas R. Schroeder, President

MOUNTAIN MANOR HOMES

By:   
Wayles H. Dandridge, President



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

MOUNTAIN MANOR HOMES, INC.

Employer identification number

54-1479102

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

<b>DESCRIPTION OF PROPERTY:</b>	<b>AMOUNT:</b>
	6.

**FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:**

<b>DESCRIPTION OF EXPENSES:</b>	<b>AMOUNT:</b>
DEPRECIATION	8,047.
OTHER EXPENSES	24,303.
<b>TOTAL TO FORM 990-EZ, LINE 14</b>	<b>32,350.</b>

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

<b>DESCRIPTION OF OTHER EXPENSES:</b>	<b>AMOUNT:</b>
ADVERTISING & MARKETING	122.
OFFICE EXPENSES	1,720.
MANAGEMENT FEES	3,449.
BOOKKEEPING FEES/ACCOUNTING SERVICES	525.
MISCELLANEOUS ADMINISTRATIVE	527.
FIDELITY BOND INSURANCE	42.
SERVICE COORDINATOR EXPENSES	5,807.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>12,192.</b>

**FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:**

<b>CHANGES IN NET ASSETS OR FUND BALANCES:</b>	<b>AMOUNT:</b>
NET ASSETS DISTRIBUTED TO ANOTHER NON-PROFIT IN A	
MERGER/ACQ.-SEE SCHEDULE O	258,052.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization **MOUNTAIN MANOR HOMES, INC.** Employer identification number **54-1479102**

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
RENTS RECEIVABLE	75.	56.
PREPAID EXPENSES	2,119.	627.
MORTGAGE ESCROW DEPOSITS	217.	0.
RESERVE FOR REPLACEMENTS	14,312.	15,353.
RESIDUAL RECEIPTS RESERVE	16.	0.
TENANT SECURITY DEPOSITS	2,970.	3,166.
REFINANCING COSTS	8,423.	8,423.
ACCOUNTS REC. - HUD SERVICE CO-ORDINATOR GRANT	656.	1,074.
OTHER DEPRECIABLE ASSETS	9,293.	11,091.
<b>TOTAL TO FORM 990-EZ, LINE 24</b>	<b>38,081.</b>	<b>39,790.</b>

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE & ACCRUED EXPENSES	11,036.	11,168.
PREPAID RENT REVENUE	23.	12.
ACCOUNTS PAYABLE - REFINANCING	8,000.	8,000.
TENANT SECURITY DEPOSITS	2,917.	3,114.
SECTION 202 MORTGAGE	463,610.	460,083.
<b>TOTAL TO FORM 990-EZ, LINE 26</b>	<b>485,586.</b>	<b>482,377.</b>

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATIONS PRIMARY  
EXEMPT PURPOSE IS TO PROVIDE LOW-INCOME ASSISTED HOUSING TO THE  
CHRONICALLY MENTALLY ILL AND ELDERLY UNDER SECTION 202 WITH SECTION 8  
HOUSING ASSISTANCE ON A NON-PROFIT BASIS.**

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

MOUNTAIN MANOR HOMES, INC.

Employer identification number

54-1479102

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

MOUNTAIN MANOR HOMES, INC., ORGANIZED UNDER THE

SPONSORSHIP OF ST. JOHN'S EPISCOPAL CHURCH OF ROANOKE, VA

IS A HUD SEC. 202 PROGRAM ELIGIBLE FOR SEC. 8 TENANT

ASSISTANCE PAYMENTS.

THE CORPORATION OPERATES A 15 UNIT COMPLEX FOR THE BENEFIT OF

CHRONICALLY MENTALLY ILL INDIVIDUALS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization 990-EZ**  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2010**

Attachment  
Sequence No 67

Name(s) shown on return <b>MOUNTAIN MANOR HOMES, INC.</b>	Business or activity to which this form relates <b>FORM 990-EZ PAGE 1</b>	Identifying number <b>54-1479102</b>
--------------------------------------------------------------	------------------------------------------------------------------------------	-----------------------------------------

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	<b>1</b>	500,000.
2 Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
3 Threshold cost of section 179 property before reduction in limitation	<b>3</b>	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>	<b>(a)</b>	<b>(b)</b>
	Description of property	Cost (business use only)
		(c) Elected cost
7 Listed property. Enter the amount from line 29	<b>7</b>	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
9 Tentative deduction. Enter the smaller of line 5 or line 8	<b>9</b>	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	<b>10</b>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	<b>11</b>	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	<b>12</b>	
13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	<b>13</b>	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	<b>14</b>	
15 Property subject to section 168(f)(1) election	<b>15</b>	
16 Other depreciation (including ACRS)	<b>16</b>	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2010	<b>17</b>	8,021.
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

**Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property		1,042.	10 YRS.	MQ	SL	26.
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21 Listed property. Enter amount from line 28	<b>21</b>	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	<b>22</b>	8,047.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

Part V Listed Property (include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b if "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. 26 Property used more than 50% in a qualified business use. 27 Property used 50% or less in a qualified business use. 28 Add amounts in column (h), lines 25 through 27. 29 Add amounts in column (i), line 26.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use?

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

42 Amortization of costs that begins during your 2010 tax year: 43 Amortization of costs that began before your 2010 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

**SUPPLEMENTAL INFORMATION TO FORM 990-EZ**

**NAME OF ORGANIZATION:** MOUNTAIN MANOR HOMES, INC.

**EMPLOYER IDENTIFICATION NUMBER:** 54-1479102

**FORM 990-EZ, PART V, LINE 34, CHANGES IN ORGANIZING OR GOVERNING DOCUMENTS:**

**DISTRIBUTION OF ASSETS UPON DISSOLUTION:**

AS PART OF A PLAN OF MERGER WITH ANOTHER 501(C) ORGANIZATION, THE BOARD OF DIRECTORS ADOPTED ARTICLES OF MERGER EFFECTIVE APRIL 1, 2011, WHEREBY THE ASSETS AND LIABILITIES BECAME THE ASSETS AND LIABILITIES OF THE OTHER ORGANIZATION UPON DISSOLUTION. THE CERTIFICATE OF MERGER AND RESTATEMENT OF MOUNTAIN MANOR HOMES WAS ISSUED BY THE STATE CORPORATION COMMISSION OF THE COMMONWEALTH OF VIRGINIA ON APRIL 1, 2011.

AS PART OF ATTACHMENT TO SCHEDULE N (FORM 990-EZ), A CERTIFIED COPY OF THE CERTIFICATE OF MERGER AND RESTATEMENT AND THE ARTICLES OF MERGER OF MOUNTAIN MANOR HOMES AND ELM MANOR HOMES IS PROVIDED.

# Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). 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*

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

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

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.

<b>Type or print</b>	Name of exempt organization <b>MOUNTAIN MANOR HOMES, INC.</b>	Employer identification number <b>54-1479102</b>
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O BOX 257</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ROANOKE, VA 24002</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 3

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**COORDINATED SERVICES MANAGEMENT, IN**

• The books are in the care of ▶ **3333 PETERS CREEK ROAD - ROANOKE, VA 24019**  
 Telephone No. ▶ **(540) 563-4565** FAX No. ▶ \_\_\_\_\_

- 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.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **DECEMBER 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **NOV 1, 2010**, and ending **APR 1, 2011**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**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.