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**Return of Organization Exempt From Income Tax**

**2007**

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)

Open to Public Inspection

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 **JUL 1, 2007** and ending **JUN 30, 2008**

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

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization: **ALABAMA ARISE, INC**

Number and street (or P.O. box if mail is not delivered to street address): **207 MONTGOMERY STREET**

Room/suite: **900**

City or town, state or country, and ZIP + 4: **MONTGOMERY, AL 36104**

**D** Employer identification number: **63-1030975**

**E** Telephone number: **334-832-9060**

**F** Accounting method:  Cash  Accrual  
 Other (specify) \_\_\_\_\_

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

H and I are not applicable to section 527 organizations

**G** Website: **WWW.ALARISE.ORG**

**J** Organization type (check only one)  501(c) ( 4 ) (insert no)  4947(a)(1) or  527

**K** Check here  if the organization is not a 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.

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

**H(b)** If "Yes," enter number of affiliates: **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number: **N/A**

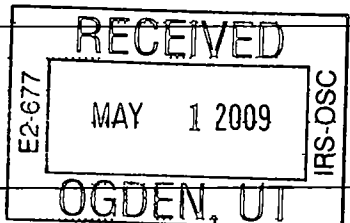
**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **84,309.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

SCANNED JUN 05 2009

Revenue	Expenses	Net Assets
1 Contributions, gifts, grants, and similar amounts received:		
a Contributions to donor advised funds	1a	
b Direct public support (not included on line 1a)	1b	3,114.
c Indirect public support (not included on line 1a)	1c	
d Government contributions (grants) (not included on line 1a)	1d	
e Total (add lines 1a through 1d) (cash \$ <u>3,114.</u> noncash \$ _____)	1e	3,114.
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	
3 Membership dues and assessments	3	70,047.
4 Interest on savings and temporary cash investments	4	
5 Dividends and interest from securities	5	
6 a Gross rents <b>SEE STATEMENT 1</b>	6a	3,180.
b Less: rental expenses	6b	
c Net rental income or (loss). Subtract line 6b from line 6a	6c	3,180.
7 Other investment income (describe _____)	7	
8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
b Less: cost or other basis and sales expenses	8a	
c Gain or (loss) (attach schedule)	8b	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	
8d		
9 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 1b)	9a	
b Less: direct expenses other than fundraising expenses	9b	
c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	
10 a Gross sales of inventory, less returns and allowances	10a	
b Less: cost of goods sold	10b	
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
11 Other revenue (from Part VII, line 103)	11	7,968.
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	84,309.
13 Program services (from line 44, column (B))	13	71,874.
14 Management and general (from line 44, column (C))	14	9,792.
15 Fundraising (from line 44, column (D))	15	9,039.
16 Payments to affiliates (attach schedule)	16	
17 Total expenses. Add lines 16 and 44, column (A)	17	90,705.
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	-6,396.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,263.
20 Other changes in net assets or fund balances (attach explanation)	20	0.
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	867.



**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	9,576.	7,685.	1,436.	455.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	17,830.	12,758.	2,517.	2,555.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27				
29 Payroll taxes	2,175.	1,622.	314.	239.
30 Professional fundraising fees				
31 Accounting fees	3,185.		3,185.	
32 Legal fees				
33 Supplies	1,038.	774.	150.	114.
34 Telephone	503.	375.	73.	55.
35 Postage and shipping	6,528.	4,506.	369.	1,653.
36 Occupancy	7,030.	5,244.	1,014.	772.
37 Equipment rental and maintenance				
38 Printing and publications	5,897.	4,071.	333.	1,493.
39 Travel	806.	403.		403.
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc (attach schedule)				
43 Other expenses not covered above (itemize)				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 2	36,137.	34,436.	401.	1,300.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	90,705.	71,874.	9,792.	9,039.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 3</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <u>DIRECT AND GRASSROOTS LOBBYING ON A SLATE OF SEVEN PRIORITY ISSUES - COMPRISING TWO PERMANENT ISSUES (TAX REFORM AND ADEQUATE BUDGETS FOR HUMAN SERVICES) AND FIVE ANNUAL ISSUES (SUCH AS PUBLIC TRANSPORTATION, AFFORDABLE HOUSING AND ASSET-BUILDING) SELECTED BY OUR 150 MEMBER CONGREGATIONS AND COMMUNITY GROUPS.</u>	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<u>71,874.</u>
<b>b</b>	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ _____ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	<u>71,874.</u>

Form 990 (2007)

**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	7,705.	45	6,963.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	812.	53	366.
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments - land, buildings, and equipment, basis	55a		
	b Less accumulated depreciation	55b	55c	
56 Investments - other		56		
57 a Land, buildings, and equipment basis	57a	1,188.		
b Less accumulated depreciation	57b	1,188.	57c	
58 Other assets, including program-related investments (describe <input type="checkbox"/> )			58	
<b>59 Total assets (must equal line 74). Add lines 45 through 58</b>		<b>8,517.</b>	<b>59</b>	<b>7,329.</b>
<b>Liabilities</b>	60 Accounts payable and accrued expenses	32.	60	5,133.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> <b>PAYROLL WITHHOLDINGS</b> )		1,222.	65
<b>66 Total liabilities. Add lines 60 through 65</b>		<b>1,254.</b>	<b>66</b>	<b>6,462.</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	67 Unrestricted	7,263.	67	867.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
<b>73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)</b>		<b>7,263.</b>	<b>73</b>	<b>867.</b>
<b>74 Total liabilities and net assets/fund balances. Add lines 66 and 73</b>		<b>8,517.</b>	<b>74</b>	<b>7,329.</b>



Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows 75a-d regarding officers, directors, trustees, and conflict of interest policy.

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans, (E) Expense account and other allowances.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows 76-81 regarding organizational changes, unrelated business income, liquidation, related organizations, and political expenditures.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		
	83b N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84b X		
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	X	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	85g N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	85h N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 N/A; section 4912 N/A; section 4955 N/A		
b	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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
	89b X		
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter Amount of tax on line 89c, above, 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?		X
	89e X		
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
	89f X		
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	89g X		
90 a	List the states with which a copy of this return is filed AL		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	4
91 a	The books are in care of KIMBLE FORRISTER Telephone no. 334-832-9060 Located at 207 MONTGOMERY STREET, SUITE 810, MONTGOMERY, AL ZIP + 4 36104		
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)? If "Yes," enter the name of the foreign country		
	N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	91b		X



**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c  Yes  No  
 If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					70,047.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					3,180.
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <b>REGISTRATION FEES</b>					3,260.
b <b>OTHER INCOME</b>					4,708.
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		0.	81,195.
105 Total (add line 104, columns (B), (D), and (E))					81,195.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	DUES REVENUE ALLOWS THE ORGANIZATION TO FURTHER ITS CAUSE WHICH IS TO ELIMINATE THE CAUSES AND CONSEQUENCES OF POVERTY.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes No

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.

Please Sign Here: *Kimble Forrister* Signature of officer, Date: *4/23/09*  
 Type or print name and title: *Kimble Forrister, State Coordinator*

Paid Preparer's Use Only: Preparer's signature: *John Price*, Date: *2-27-09*, Check if self-employed: , Preparer's SSN or PTIN (See Gen Inst X): *P00848736*  
 Firm's name (or yours if self-employed), address, and ZIP + 4: *WILSON PRICE CPA, 3815 INTERSTATE CT., MONTGOMERY, AL 36109*  
 EIN: *72-1341561*, Phone no.: *(334)271-2200*

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY		ACTIVITY NUMBER	GROSS RENTAL INCOME
207 MONTGOMERY STREET, SUITE 900		1	3,180.
TOTAL TO FORM 990, PART I, LINE 6A			3,180.

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
RESOURCE MATERIAL	3,801.	3,421.		380.	
INSURANCE	418.	312.	60.	46.	
LEGISLATIVE COORDINATOR	25,620.	25,620.			
LEGISLATIVE RECEPTION	4,812.	4,812.			
CONTRACT WRITING	150.	150.			
TAXES AND FEES	200.		200.		
MISCELLANEOUS	1,136.	121.	141.	874.	
TOTAL TO FM 990, LN 43	36,137.	34,436.	401.	1,300.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3  
PART III

EXPLANATION

TO PROMOTE STATE AND FEDERAL POLICIES THAT IMPROVE THE LIVES OF LOW-INCOME ALABAMIANS.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 4  
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KIMBLE FORRISTER PO BOX 612 MONTGOMERY, AL 36101	EXECUTIVE DIRECTOR 7.00	9,576.	0.	0.
ALICE PARIS PO BOX 612 MONTGOMERY, AL 36101	VICE-PRESIDENT 0.00	0.	0.	0.
CAROL GUNDLACH PO BOX 612 MONTGOMERY, AL 36101	TREASURER 0.00	0.	0.	0.
NANCY BRENNAN PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.
MARY JONES PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.
JACKIE TIPPER PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.
KENYATTA RAY PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.
SARAH PRICE PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.
LYNN DOUGLAS PO BOX 612 MONTGOMERY, AL 36101	PRESIDENT 0.00	0.	0.	0.
RUTHIE SHERRILL PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.
SR. JANET CONNORTON PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.

DONALD STONE PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.
REV. CHARLES FAIL PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.
JUDY ROY PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.
CALLIE GREER PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.
HELEN RIVAS PO BOX 612 MONTGOMERY, AL 36101	SECRETARY 0.00	0.	0.	0.
PETER HORN PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.
MARY LATIMORE PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.
RG LYONS PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.
DENITA MINCEY PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.
LEEWOOD MORGAN PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.
PAUL NELSON PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.
ISABEL RUBIO PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.
CAROLE ZUGAZAGA PO BOX 612 MONTGOMERY, AL 36101	0.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V-A

9,576.	0.	0.
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FORM 990

PART V-A OFFICER COMPENSATION FROM RELATED ORGANIZATIONS

STATEMENT 5

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
KIMBLE FORRISTER	47,880.	3,830.	
NAME OF RELATED ORGANIZATION		EMPLOYER ID NUMBER	
ARISE CITIZENS' POLICY PROJECT		63-1186365	
RELATIONSHIP BETWEEN ORGANIZATIONS			

**Alabama Arise, Inc.**  
**Comprehensive Depreciation [Depreciation]**  
**GAAP**  
**For the Period July 1, 2007 to June 30, 2008**

Asset ID	Asset Type	Selected Dates			Asset Balances			Depreciable Basis			Current & Accum Depreciation								
		Placed in Service Date	Disposal Date	Beginning	Deletions	Ending	Depr Meth/Conv	Life	Book Cost	Credit Reduction Amount	Bus Use %	Net S179A & ATYD	Prior Reported Depreciation	Depreciable Basis	Beginning Accum Depr	Current Depr & ATYD	Net Sec 179/179A Deletions	Ending Accum Depr	Net Book Value
000010	COMPUTER HARDWARE			1,188	0	0	0	5.0	1,188	0	100	0	1,188	0	1,188	0	0	0	1,188
	Computer			1,188	0	0	0	5.0	1,188	0	100	0	1,188	0	1,188	0	0	0	1,188
	Subtotal			1,188	0	0	0	5.0	1,188	0	100	0	1,188	0	1,188	0	0	0	1,188
	<b>Grand Total</b>			1,188	0	0	0	5.0	1,188	0	100	0	1,188	0	1,188	0	0	0	1,188

Note: There may be differences due to rounding.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b> <b>Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization <b>ALABAMA ARISE, INC</b>	Employer identification number <b>63-1030975</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>207 MONTGOMERY STREET, NO. 810</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>MONTGOMERY, AL 36104</b>	

Check type of return to be filed (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of **KIMBLE FORRISTER**  
Telephone No. **334-832-9060** 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

- 4 I request an additional 3-month extension of time until **MAY 15, 2009**.
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension

**TAXPAYER IS UNABLE AT THIS TIME TO GATHER THE NECESSARY INFORMATION FOR THE TIMELY FILING OF THIS RETURN.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
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 and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **2-2-09**



# 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.

**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.

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

Type or print	Name of Exempt Organization <b>ALABAMA ARISE, INC</b>	Employer identification number <b>63-1030975</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>207 MONTGOMERY STREET, NO. 810</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>MONTGOMERY, AL 36104</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **KIMBLE FORRISTER**  
Telephone No. ▶ **334-832-9060** 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 will cover

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, 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 **JUL 1, 2007**, and ending **JUN 30, 2008**

**2** If this tax year 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>	\$	
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	
<b>c</b> Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>N/A</b>

**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.

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