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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Form **990-EZ**

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

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations 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.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 **and ending** JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization <u>ALABAMA ARISE, INC</u> Number and street (or P.O. box, if mail is not delivered to street address) <u>207 MONTGOMERY STREET</u> City or town, state or country, and ZIP + 4 <u>MONTGOMERY, AL 36104</u>	D Employer identification number <u>63-1030975</u> E Telephone number <u>334-832-9060</u> F Group Exemption Number ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).
G Accounting method: Cash Accrual
 Other (specify) ▶

I Website: ▶ WWW.ALARISE.ORG
J Tax-exempt status (check only one) — 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527
H Check ▶ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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.

L 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 ▶ \$ 87,868.

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

	Description		Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	24,252.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	60,436.
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>	6	
	6a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b Less: direct expenses other than fundraising expenses	6b	
6c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
7b Less: cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ <u>RENT</u>)	8	3,180.	
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	87,868.	
Expenses	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	32,946.
	13 Professional fees and other payments to independent contractors	13	2,000.
	14 Occupancy, rent, utilities, and maintenance	14	5,606.
	15 Printing, publications, postage, and shipping	15	5,207.
	16 Other expenses (describe ▶ <u>SEE STATEMENT 1</u>)	16	37,835.
17 Total expenses. Add lines 10 through 16	17	83,594.	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,274.
	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	-1,466.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	2,808.

Part II 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.)

	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	3,990.	6,240.
23	Land and buildings		
24	Other assets (describe ▶ <u>PREPAID EXPENSES</u>)	355.	347.
25	Total assets	4,345.	6,587.
26	Total liabilities (describe ▶ <u>SEE STATEMENT 2</u>)	5,811.	3,779.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	-1,466.	2,808.

32-171 02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)	Expenses
What is the organization's primary exempt purpose? <u>SEE STATEMENT 8</u>	(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)
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.	
28 <u>SEE STATEMENT 5</u> <hr/> <hr/>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a <u>27,954.</u>
29 <u>SEE STATEMENT 6</u> <hr/> <hr/>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a <u>25,831.</u>
30 <u>SEE STATEMENT 7</u> <hr/> <hr/>	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a <u>11,702.</u>
31 Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32 <u>65,487.</u>

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for 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
<u>SEE STATEMENT 4</u>		12,000.		

Part 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		X
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.			
a 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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u> 0.	37a		
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 period covered by this return?	38a		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved ▶ <u>38b</u> N/A	38b		
39 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9 ▶ <u>39a</u> N/A	39a		
b Gross receipts, included on line 9, for public use of club facilities ▶ <u>39b</u> N/A	39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>			
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		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 ▶ <u>40c</u> 0.			
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>40d</u> 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. ▶ <u>NONE</u>			
42a The organization's books are in care of ▶ <u>KIMBLE FORRISTER</u> Telephone no. ▶ <u>334-832-9060</u> Located at ▶ <u>207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL</u> ZIP + 4 ▶ <u>36104</u>			
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)?	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 U.S.?	42c		X
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u>43</u> N/A			
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		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 46-49b and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 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
46		
47		
48		
49a		
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
N/A				

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
N/A		

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

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 ▶ *Kimble Forrister* Signature of officer Date *5/12/11*

▶ *Kimble Forrister, State Coordinator* Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ *Tatia W. Knight* Date *5-11-11* Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **WILSON PRICE CPA
3815 INTERSTATE CT.
MONTGOMERY, AL 36109**

Preparer's identifying number (See instr.) ▶ _____

Phone no. ▶ **(334) 271-2200**

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
TELEPHONE		498.	
OFFICE SUPPLIES		248.	
MISCELLANEOUS		281.	
INSURANCE		274.	
LEGISLATIVE RECEPTION		954.	
LEGISLATIVE COORDINATOR		27,000.	
PAYROLL TAXES		3,202.	
FEES AND TAXES		331.	
TRAVEL		5,047.	
TOTAL TO FORM 990-EZ, LINE 16		37,835.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	4,252.	1,611.	
PAYROLL LIABILITIES	1,559.	2,168.	
TOTAL TO FORM 990-EZ, LINE 26	5,811.	3,779.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 3

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 4

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
KIMBLE FORRISTER, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL	EXECUTIVE DIRECTOR 7.00	12,000.	0.	0.
ALICE PARIS, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL 36104	VICE-PRESIDENT 0.00	0.	0.	0.
CAROL GUNDLACH, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL	TREASURER 0.00	0.	0.	0.
NANCY BRENNAN, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL	MEMBER 0.00	0.	0.	0.
MARY JONES, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL 36104	MEMBER 0.00	0.	0.	0.
JACKIE TIPPER, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL	MEMBER 0.00	0.	0.	0.
RUTHIE SHERRILL, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL	MEMBER 0.00	0.	0.	0.
TOM DULEY, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL 36104	PRESIDENT 0.00	0.	0.	0.
HELEN RIVAS, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL 36104	SECRETARY 0.00	0.	0.	0.
SR. JANET CONNORTON, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL	MEMBER 0.00	0.	0.	0.
CALLIE GREER, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL 36104	MEMBER 0.00	0.	0.	0.
R.G. LYONS, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL 36104	MEMBER 0.00	0.	0.	0.
LEEWOD MORGAN, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL	MEMBER 0.00	0.	0.	0.
PAUL NELSON, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL 36104	MEMBER 0.00	0.	0.	0.

SARAH PRICE, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL 36104	MEMBER 0.00	0.	0.	0.
JUDY ROY, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL 36104	MEMBER 0.00	0.	0.	0.
ISABEL RUBIO, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL 36104	MEMBER 0.00	0.	0.	0.
DONALD STONE, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL 36104	MEMBER 0.00	0.	0.	0.
CAROLE ZUGAZAGA, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL	MEMBER 0.00	0.	0.	0.
CYNTHIA BROWN, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL	MEMBER 0.00	0.	0.	0.
TORI BRAY, 207 MONTGOMERY STREET, SUITE 900, MONTGOMERY, AL 36104	MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>12,000.</u>	<u>0.</u>	<u>0.</u>

IN A YEAR OF TIGHT BUDGETS, WE CHALLENGED LEGISLATORS TO HELP STRUGGLING FAMILIES BY LOWERING THE GROCERY TAX WITHOUT HURTING SCHOOL FUNDING. OUR LEGISLATIVE COORDINATOR LINED UP 54 HOUSE SUPPORTERS OF THE BILL TO REMOVE THE STATE SALES TAX ON GROCERIES

REPRESENTATIVES FROM THE 150 MEMBER ORGANIZATIONS HELD AN ANNUAL MEETING AND CHOSE 7 PRIORITIES FOR LEGISLATIVE ACTION. IN FEBRUARY APPROXIMATELY 100 MEMBERS PARTICIPATED IN THE ANNUAL LOBBY DAY AT THE STATE HOUSE. IN SEPTEMBER 41 FAITH LEADERS SIGNED THE ALABAMA ARISE FAITH STATEMENT ON HEALTH CARE REFORM.

MEMBERS ORGANIZED TO LOBBY CONGRESS FOR \$100 MILLION TO REBUILD HOMES FOR HURRICANE KATRINA SURVIVORS AND ALSO COLLABORATED WITH SISTER ORGANIZATIONS ACROSS THE GULF COAST TO CRAFT LOCAL, STATE, AND FEDERAL ADVOCACY STRATEGIES.

TO PROMOTE FAIRER PUBLIC POLICIES TOWARD LOW-INCOME ALABAMIANS.

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 and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization ALABAMA ARISE, INC	Employer identification number 63-1030975
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 207 MONTGOMERY STREET, NO. 900	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MONTGOMERY, AL 36104	

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

- | | | |
|---|--|------------------------------------|
| <input 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 checked="" 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 |

KIMBLE FORRISTER

- The books are in the care of ▶ **207 MONTGOMERY STREET, SUITE 900 - MONTGOMERY, AL 36104**
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, 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 **JUL 1, 2009**, and ending **JUN 30, 2010**

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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	3a	\$
3b 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	3b	\$
3c 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	3c	\$ N/A

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

• 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).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions	Name of exempt organization		Employer identification number
	ALABAMA ARISE, INC		63-1030975
	Number, street, and room or suite no. If a P O box, see instructions		
207 MONTGOMERY STREET, NO. 900			
City, town or post office, state, and ZIP code. For a foreign address, see instructions			
MONTGOMERY, AL 36104			

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
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

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 207 MONTGOMERY STREET, SUITE 900 - MONTGOMERY, AL 36104
 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, 2011
 5 For calendar year _____, or other tax year beginning JUL 1, 2009, and ending JUN 30, 2010
 6 If the tax year entered in line 5 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 INFORMATION NECESSARY FOR TIMELY FILING OF THIS RETURN. AN EXTENSION IS THEREFORE REQUESTED.

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	\$	0.
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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0.

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 [Handwritten Signature] Title CPA Date 2-4-2011