

# Return of Organization Exempt From income Tax

**2006**

**Open to Public Inspection**

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)

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

**A For the 2006 calendar year, or tax year beginning , 2006, and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> REGIONAL HOUSING AND COMMUNITY DEVELOPMENT ALLIANCE		<b>D Employer identification number</b> 43-1611669
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>E Telephone number</b> (314) 231-9400
		611 OLIVE STREET, STE. 1641		<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
		City or town, state or country, and ZIP + 4 SAINT LOUIS, MO 63101		

• 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.

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? (If "No," attach a list. See instructions.)  Yes  No

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

I Group Exemption Number ▶

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

G Website: ▶ WWW.RHCDA.COM

J Organization type (check only one) ▶  501(c) ( 3 ) ◀ (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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,031,014.

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Contributions to donor advised funds	<b>1a</b>		
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	564,538.	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>		
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>	110,797.	
	<b>e</b> Total (add lines 1a through 1d) (cash \$ 675,335. noncash \$ )	<b>1e</b>		675,335.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		279,650.
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		75,429.
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>			
<b>7</b> Other investment income (describe ▶ )	<b>7</b>			
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	<b>8a</b>			
	<b>8b</b>			
<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>			
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		600.	
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		1,031,014.	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	1,547,524.	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	200,269.	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	119,313.	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>		1,867,106.
Net Assets	<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>	-836,092.	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	7,524,981.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . . STMT 1 . . . STMT 2	<b>20</b>		-239,338.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		6,449,551.

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

**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. (See the instructions.)

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
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ 326,000 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	326,000.	326,000.	STMT 3	
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	240,399.	178,713.	38,656.	23,030.
<b>25b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
<b>25c</b>	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) (attach schedule)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	578,410.	429,990.	93,008.	55,412.
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	23,392.	17,390.	3,761.	2,241.
<b>28</b>	Employee benefits not included on lines 25a - 27	110,206.	81,927.	17,721.	10,558.
<b>29</b>	Payroll taxes	67,172.	49,936.	10,801.	6,435.
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees				
<b>32</b>	Legal fees				
<b>33</b>	Supplies				
<b>34</b>	Telephone	19,995.	14,864.	3,215.	1,916.
<b>35</b>	Postage and shipping	6,485.	4,821.	1,043.	621.
<b>36</b>	Occupancy				
<b>37</b>	Equipment rental and maintenance	10,286.	7,647.	1,654.	985.
<b>38</b>	Printing and publications	3,964.	2,947.	637.	380.
<b>39</b>	Travel	11,142.	8,281.	1,791.	1,070.
<b>40</b>	Conferences, conventions, and meetings				
<b>41</b>	Interest	12,720.	9,456.	2,045.	1,219.
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	3,829.	2,846.	616.	367.
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>	STMT 4	453,106.	412,706.	25,321.	15,079.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>					
<b>g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	1,867,106.	1,547,524.	200,269.	119,313.

**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 \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**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? <b>REMEDIATING NEIGHBORHOOD BLIGHT</b> 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>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a <u>NEIGHBORHOOD SUPPORT COLLABORATIVE- PROVIDES FUNDING TO COMMUNITY-BASED DEVELOPMENT ORGANIZATIONS, WHICH IS COUPLED WITH TECHNICAL ASSISTANCE TO HELP DEVELOP THE CAPACITY OF COMMUNITY REVITALIZATION ORGANIZATIONS TO SUCCESSFULLY ADDRESS PROBLEMS AND UNDERTAKE REVITALIZATION OF THIER NEIGHBORHOODS IN A COORDINATED AND MULTI-DIMENSIONAL WAY.</u> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	212,794.
b <u>COMMUNITY DEVELOPMENT TECHNICAL ASSISTANCE PROGRAM- THE PRIMARY GOAL IS TO HELP BUILD THE REVITALIZATION CAPACITIES AND SKILLS OF PEOPLE WHO LIVE, WORK AND PROVIDE HOUSING AND ECONOMIC OPPORTUNITIES IN THE REGION'S DISTRESSED COMMUNITIES TO TRANSFORM THEM INTO VIABLE, SUSTAINABLE COMMUNITIES.</u> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	152,567.
c <u>SUSTAINABLE NEIGHBORHOODS INITIATIVE- DESIGNED TO TEST THE INTEGRATION OF PHYSICAL DEVELOPMENT AND SOCIAL SERVICES IN NINE DISTRESSED NEIGHBORHOODS IN THE ST LOUIS METRO AREA. LEADERS AND RESOURCE PROVIDERS WORK TOGETHER TO IMPLEMENT SUSTAINABLE CHANGES TO DISTRESSED COMMUNITIES BY BRINGING TOGETHER COMMITTED RESIDENTS, BUSINESSES, AND INSTITUTIONS.</u> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	294,162.
d <u>PREDEVELOPMENT LOAN FUND- PROVIDES A SOURCE OF FUNDS FOR NEIGHBORHOOD BASED NOT-FOR-PROFIT ORGANIZATIONS TO PAY COSTS INCURRED DURING THE EARLY STAGES OF THEIR REAL ESTATE DEVELOPMENT PROJECTS WHEN CONVENTIONAL FINANCING WOULD NOT BE ABLE TO BE OBTAINED BY SUCH GROUPS.</u> (Grants and allocations \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	38,360.
e Other program services (attach schedule) SEE STATEMENT 5 (Grants and allocations \$ 326,000. ) If this amount includes foreign grants, check here <input type="checkbox"/>	849,641.
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .	<b>1,547,524.</b>

Form 990 (2006)

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

		(A) Beginning of year	(B) End of year
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing	156,614.	<b>45</b> 65,284.
	<b>46</b> Savings and temporary cash investments	871,896.	<b>46</b> 126,873.
	<b>47a</b> Accounts receivable	<b>47a</b> 282,513.	
	<b>b</b> Less: allowance for doubtful accounts	<b>47b</b>	<b>47c</b> 282,513.
	<b>48a</b> Pledges receivable	<b>48a</b> 45,500.	
	<b>b</b> Less: allowance for doubtful accounts	<b>48b</b>	<b>48c</b> 45,500.
	<b>49</b> Grants receivable	17,525.	<b>49</b> NONE
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		<b>50a</b>
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50b</b>
	<b>51a</b> Other notes and loans receivable (attach schedule) STMT. 6	<b>51a</b> 6,715,605.	
	<b>b</b> Less: allowance for doubtful accounts	<b>51b</b>	<b>51c</b> 6,715,605.
	<b>52</b> Inventories for sale or use		<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges	2,350.	<b>53</b> NONE
	<b>54a</b> Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54a</b>
	<b>b</b> Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	<b>54b</b>
	<b>55a</b> Investments - land, buildings, and equipment: basis	<b>55a</b>	
	<b>b</b> Less: accumulated depreciation (attach schedule)	<b>55b</b>	<b>55c</b>
	<b>56</b> Investments - other (attach schedule) STMT. 11	693,423.	<b>56</b> 431,335.
	<b>57a</b> Land, buildings, and equipment: basis	<b>57a</b> 41,005.	
<b>b</b> Less: accumulated depreciation (attach schedule)	<b>57b</b> 29,561.	<b>57c</b> 11,444.	
<b>58</b> Other assets, including program-related investments (describe STMT 12)	84,100.	<b>58</b> 72,420.	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58	8,513,769.	<b>59</b> 7,750,974.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	75,058.	<b>60</b> 47,743.
	<b>61</b> Grants payable		<b>61</b>
	<b>62</b> Deferred revenue		<b>62</b>
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>
	<b>64a</b> Tax-exempt bond liabilities (attach schedule)		<b>64a</b>
	<b>b</b> Mortgages and other notes payable (attach schedule) STMT. 13	382,919.	<b>64b</b> 485,281.
	<b>65</b> Other liabilities (describe STMT 14)	530,811.	<b>65</b> 768,399.
<b>66 Total liabilities.</b> Add lines 60 through 65	988,788.	<b>66</b> 1,301,423.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	<b>67</b> Unrestricted	6,154,146.	<b>67</b> 5,128,716.
	<b>68</b> Temporarily restricted	1,370,835.	<b>68</b> 1,320,835.
	<b>69</b> Permanently restricted		<b>69</b>
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	7,524,981.	<b>73</b> 6,449,551.	
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	8,513,769.	<b>74</b> 7,750,974.	



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

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 21
75b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
75c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."
75d Does the organization have a written conflict of interest policy?

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (if not paid, enter -0-), (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. The first row contains dashes and -0- in columns B, C, D, and E.

Part VI Other Information (See the instructions.)

76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
80b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt
81a Enter direct and indirect political expenditures. (See line 81 instructions.)
81b Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

82a 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? 82b 22,750. 83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83b N/A 84a Did the organization solicit any contributions or gifts that were not tax deductible? 84b N/A 85a 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85b N/A b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85c N/A 85d N/A 85e N/A 85f N/A 85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85h N/A 86 501(c)(7) orgs. 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) orgs. 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 88a 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 88a 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 88b X 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE ; section 4912 NONE ; section 4955 NONE b 501(c)(3) and 501(c)(4) orgs. 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 89b X c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE d Enter: Amount of tax on line 89c, above, reimbursed by the organization NONE e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 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? 89g X 90a List the states with which a copy of this return is filed NONE REQUIRED b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b 12 91a The books are in care of MR. RON KRAUS Telephone no. 314-231-9400 Located at 611 OLIVE STREET, STE 1641 ST LOUIS, MO ZIP + 4 63101 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)? 91b 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.

**Part VI Other Information (continued)**

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 ▶ \_\_\_\_\_

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** | NONE

**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) Exclusion code	(D) Amount	
93 Program service revenue:					
a MANAGEMENT FEES					92,093.
b CONSULTING FEES					187,557.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies .					
94 Membership dues and assessments . . .					
95 Interest on savings and temporary cash investments .			14	75,429.	
96 Dividends and interest from securities . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
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 MISC INCOME			01	600.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) . .				76,029.	279,650.
105 Total (add line 104, columns (B), (D), and (E)) . . . . . ▶					355,679.

**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).
▼	STMT 23

**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
STMT 24	%		-262,088.	866,723.
	%			
	%			
	%			

**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).

**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

**Please Sign Here** 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.

Signature of officer: *Stephen Agree* Date: 11/14/07  
 Type or print name and title: STEPHEN AGREE, PRESIDENT

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: 11-9-07 Check if self-employed:  Preparer's SSN or PTIN (See Gen. Inst. X): P00437219  
 Firm's name (or yours if self-employed), address, and ZIP + 4: RUBINBROWN LLP EIN: 43-0765316  
ONE NORTH BRENTWOOD Phone no.: 314-290-3300  
SAINT LOUIS, MO 63105

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

OMB No. 1545-0047

**2006**

Name of the organization **REGIONAL HOUSING AND COMMUNITY  
DEVELOPMENT ALLIANCE**

Employer identification number  
**43-1611669**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 25				

Total number of other employees paid over \$50,000 . . . ▶ **3**

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

Total number of others receiving over \$50,000 for professional services . . . ▶ **NONE**

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

Total number of other contractors receiving over \$50,000 for other services . . . ▶ **NONE**

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

Schedule A (Form 990 or 990-EZ) 2006

Part III Statements About Activities (See page 2 of the instructions.)

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

Table with 2 columns: Yes, No. Row 1: Yes (blank), No (X)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

Table with 2 columns: Yes, No. Row 2: Yes (blank), No (blank)

a Sale, exchange, or leasing of property?

Table with 2 columns: Yes, No. Row 2a: Yes (blank), No (X)

b Lending of money or other extension of credit?

Table with 2 columns: Yes, No. Row 2b: Yes (blank), No (X)

c Furnishing of goods, services, or facilities?

Table with 2 columns: Yes, No. Row 2c: Yes (blank), No (X)

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .STMT . 26

Table with 2 columns: Yes, No. Row 2d: Yes (X), No (blank)

e Transfer of any part of its income or assets?

Table with 2 columns: Yes, No. Row 2e: Yes (blank), No (X)

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

Table with 2 columns: Yes, No. Row 3a: Yes (blank), No (X)

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

Table with 2 columns: Yes, No. Row 3b: Yes (blank), No (X)

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

Table with 2 columns: Yes, No. Row 3c: Yes (blank), No (X)

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

Table with 2 columns: Yes, No. Row 3d: Yes (blank), No (X)

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

Table with 2 columns: Yes, No. Row 4a: Yes (blank), No (X)

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

Table with 2 columns: Yes, No. Row 4b: Yes (N/A), No (blank)

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

Table with 2 columns: Yes, No. Row 4c: Yes (N/A), No (blank)

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

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

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

Table with 2 columns: Yes, No. Row 4f: Yes (blank), No (NONE)

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

Table with 2 columns: Yes, No. Row 4g: Yes (blank), No (NONE)

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III - Functionally Integrated       Type III - Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

**Part V Private School Questionnaire** (See page 9 of the instructions.) NOT APPLICABLE  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .		
d	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? . . . . .		
b	Admissions policies? . . . . .		
c	Employment of faculty or administrative staff? . . . . .		
d	Scholarships or other financial assistance? . . . . .		
e	Educational policies? . . . . .		
f	Use of facilities? . . . . .		
g	Athletic programs? . . . . .		
h	Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .		
b	Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

Table with 3 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows include lines 36-44 for lobbying expenditures and nontaxable amounts.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Table titled 'Lobbying Expenditures During 4-Year Averaging Period' with columns for 2006, 2005, 2004, 2003, and Total. Rows include lines 45-50 for nontaxable amounts, ceilings, and total lobbying expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

Table with 3 columns: Description of activity (a-i), Yes, No, Amount. Rows list various lobbying activities like volunteers, paid staff, media, mailings, etc.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

