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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**

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

OMB No 1545-1150

**2008**Open to Public  
Inspection

▶ 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 \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

**A** For the **2008** calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009****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**A PLACE FOR US MINISTRIES, INC.**

Number and street (or P.O. box, if mail is not delivered to street address)

**P.O. BOX 797**

City or town, state or country, and ZIP + 4

**GREENWOOD, SC 29648-0797****D** Employer identification number**57-1126531****E** Telephone number**864-229-4243****F** Group Exemption Number ▶

• 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: ▶ **N/A**

**J** Organization type (check only one) — ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ **\$ 279,476.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<b>127,641.</b>
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	<b>20,342.</b>
	b	Less: direct expenses other than fundraising expenses	6b	<b>3,034.</b>
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	<b>17,308.</b>
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe) <b>SEE STATEMENT 4</b>	8	<b>131,493.</b>
	9	<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<b>276,442.</b>
	10	Grants and similar amounts paid (attach schedule) <b>STMT 6</b>	10	<b>11,245.</b>
11	Benefits paid to or for members	11		
12	Salaries, other compensation, and employee benefits	12	<b>107,997.</b>	
13	Professional fees and other payments to independent contractors	13	<b>6,500.</b>	
14	Occupancy, rent, utilities, and maintenance <b>SEE STATEMENT 5</b>	14	<b>101,298.</b>	
15	Printing, publications, postage, and shipping	15	<b>2,875.</b>	
16	Other expenses (describe) <b>SEE STATEMENT 1</b>	16	<b>61,938.</b>	
17	<b>Total expenses.</b> Add lines 10 through 16	17	<b>291,853.</b>	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>-15,411.</b>	
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	<b>437,610.</b>	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	<b>422,199.</b>	

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

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	<b>19,254.</b>	<b>46,777.</b>
23 Land and buildings	<b>420,712.</b>	<b>406,685.</b>
24 Other assets (describe) <b>SEE STATEMENT 2</b>	<b>26,400.</b>	<b>27,074.</b>
25 <b>Total assets</b>	<b>466,366.</b>	<b>480,536.</b>
26 <b>Total liabilities</b> (describe) <b>SEE STATEMENT 3</b>	<b>28,756.</b>	<b>58,337.</b>
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	<b>437,610.</b>	<b>422,199.</b>

19 68



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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>33</b>	<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>34</b>	<b>X</b>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>	<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>	<b>X</b>
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	<b>36</b>	<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float: right;">▶ <b>37a</b> 0.</span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>	<b>X</b>
<b>38a</b> 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 unpaid at the start of the period covered by this return?	<b>38a</b>	<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float: right;"><b>38b</b> N/A</span>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <span style="float: right;"><b>39a</b> N/A</span>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <span style="float: right;"><b>39b</b> N/A</span>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float: right;">▶ 0.</span> ; section 4912 <span style="float: right;">▶ 0.</span> ; section 4955 <span style="float: right;">▶ 0.</span>		
<b>b</b> Section 501(c)(3) and (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," complete Schedule L, Part I	<b>40b</b>	<b>X</b>
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float: right;">▶ 0.</span>		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <span style="float: right;">▶ 0.</span>		
<b>e</b> 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	<b>40e</b>	<b>X</b>
<b>41</b> List the states with which a copy of this return is filed. <span style="float: right;">▶ <b>NONE</b></span>		
<b>42a</b> The books are in care of <span style="float: right;">▶ <b>RAYNE ADAMS</b></span> Telephone no. <span style="float: right;">▶ <b>864-227-1147</b></span> Located at <span style="float: right;">▶ <b>214 MORROW ROAD, GREENWOOD, SC</b></span> ZIP + 4 <span style="float: right;">▶ <b>29646</b></span>		
<b>b</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)?	<b>42b</b>	<b>X</b>
If "Yes," enter the name of the foreign country: <span style="float: right;">▶</span>		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<b>42c</b>	<b>X</b>
If "Yes," enter the name of the foreign country: <span style="float: right;">▶</span>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here <span style="float: right;">▶ <input type="checkbox"/></span> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float: right;">▶ <b>43</b> N/A</span>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44</b>	<b>X</b>
<b>45</b> 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	<b>45</b>	<b>X</b>

**Part VI** Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 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 operating 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(s) a section 527 organization?
- 50** Complete this table for the 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
<b>46</b>		<b>X</b>
<b>47</b>		<b>X</b>
<b>48</b>		<b>X</b>
<b>49a</b>		<b>X</b>
<b>49b</b>		

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

- 51** Complete this table for the 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
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** Signature of officer: *James Price* Date: *5-17-10*

Type or print name and title: *President*

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no.: \_\_\_\_\_

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

Department of the Treasury  
Internal Revenue Service

## Public Charity Status and Public Support

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Name of the organization

A PLACE FOR US MINISTRIES, INC.

Employer identification number

57-1126531

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) (see instructions)
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The organization is not a private foundation because it is (Please check only **one** organization.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H )

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II )

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975  
See **section 509(a)(2).** (Complete the Part III )

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the organizations the organization supports

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

[illegible]**Total**

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule A (Form 990 or 990-EZ) 2008

**Part II** Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	144,887.	221,367.	319,158.	138,414.	127,641.	951,467.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 - 3	144,887.	221,367.	319,158.	138,414.	127,641.	951,467.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public Support.</b> Subtract line 5 from line 4						951,467.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	144,887.	221,367.	319,158.	138,414.	127,641.	951,467.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		55,885.	78,982.	77,321.	131,493.	343,681.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						1295148.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	150,031.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	73.46	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	85.64	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 - 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐



Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

# 2008

### Open To Public Inspection

A PLACE FOR US MINISTRIES, INC.

57-1126531

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations  
b ☐ Email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

<b>Total</b>				
<b>3</b>	List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing			

Schedule G (Form 990 or 990-EZ) 2008

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		ANNUAL BANQUET (event type)	WAREHOUSE SALE (event type)	NONE (total number)	
Revenue	1 Gross receipts	17,535.	2,808.		20,343.
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	17,535.	2,808.		20,343.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	3,034.			3,034.
	8 Direct expense summary Add lines 4 through 7 in column (d)				( 3,034. )
9 Net income summary Combine lines 3 and 8 in column (d)					17,309.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses	2 Cash prizes			
	3 Non-cash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)				( )
8 Net gaming income summary Combine lines 1 and 7 in column (d)				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

**13** Indicate the percentage of gaming activity operated in**a** The organization's facility**b** An outside facility**13a** %**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_**c** If "Yes," enter name and address

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
FOOD		6,865.	
BANK SERVICE CHARGES		9,030.	
ADVERTISING		3,694.	
AUTOMOBILE EXPENSE		218.	
EDUCATIONAL EXPENSES		2,824.	
INSURANCE		10,699.	
PAYROLL SERVICE		809.	
RELIEF HOUSEPARENTS		300.	
ACTIVITY EXPENSE		571.	
PROPERTY TAXES		101.	
MISCELLANEOUS		3,032.	
BACKGROUND CHECKS		424.	
LICENSES AND PERMITS		128.	
SUPPLIES		19,134.	
CONFERENCES, CONVENTIONS, MEETINGS		1,449.	
OFFICE EXPENSE		2,660.	
TOTAL TO FORM 990-EZ, LINE 16		61,938.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
MATERNITY AND INFANT SUPPLIES	6,555.	7,800.	
OTHER DEPRECIABLE ASSETS	19,845.	19,274.	
TOTAL TO FORM 990-EZ, LINE 24	26,400.	27,074.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PAYROLL TAX LIABILITY	2,203.	0.	
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	26,553.	58,337.	
TOTAL TO FORM 990-EZ, LINE 26	28,756.	58,337.	

FORM 990-EZ	OTHER REVENUE	STATEMENT	4
DESCRIPTION		AMOUNT	
NET RENTAL INCOME FROM FORM 990-T		98,653.	
RENT PAYMENT - ALCOVES & CAFE'		26,860.	
MISCELLANEOUS INCOME		5,980.	
TOTAL TO FORM 990-EZ, LINE 8		131,493.	

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	5
DESCRIPTION		AMOUNT	
DEPRECIATION/AMORTIZATION		19,760.	
OTHER EXPENSES		81,538.	
TOTAL TO FORM 990-EZ, LINE 14		101,298.	

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 6

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
COMMUNITY MINISTRIES TOMMY BOYD FOR MOST EXCELLENT WAY NOBLE ESTATES ABBEVILLE, SC 29620	APFU PROVIDES MEETING SPACE	1,252.
CRISIS PREGNANCY CENTER CROSSROADS MINISTRY 109 WELLS AVENUE GREENWOOD, SC 29649	NONE	1,246.
COMMUNITY MINISTRIES THE HEALING HOUSE 208 ELIZABETH AVENUE GREENWOOD, SC 29646	NONE	4,009.
ADOPTION AGENCY SPECIAL LINKS 1201 HAYWOOD ROAD GREENVILLE, SC 29615	NONE	200.
MINISTRY FOR MEN JON POTTER MINISTRIES P O BOX 590092 BIRMINGHAM, AL 35259	NONE	1,500.
CHRISTIAN SCHOOL GREENWOOD CHRISTIAN SCHOOL 2026 WOODLAWN ROAD GREENWOOD, SC 29649	NONE	100.
AFRICA MISSION CHARIS BRIDGE INTERNATIONAL P O BOX 237 NINETY SIX, SC 29666	NONE	250.
TEEN SUICIDE PREVENTION HOPE PROJECT MAULDIN, SC 29662	NONE	200.
CHURCH ANDERSON CHRISTIAN FELLOWSHIP 1109 MOUNTAIN SPRINGS ROAD ANDERSON, SC 29621	NONE	500.

A PLACE FOR US MINISTRIES, INC.

57-1126531

	BOARD MEMBER	
SUZANNE CARROLL 102 SHANNON LANE ABBEVILLE, SC 29620		100.
TRAINING & EMPLOYMENT FOR LOW-INCOME SEN EXPERIENCE WORKS 4401 WILSON BLVD. ARLINGTON, VA 22203	NONE	200.
CHURCH NORTHSIDE BAPTIST CHURCH 409 NORTHSIDE DRIVE GREENWOOD, SC 29649	NONE	685.
CHURCH EMMANUEL CHURCH POST OFFICE BOX 594 SALUDA, SC 29138	NONE	200.
DRUG & ALCOHOL REHAB FAITH HOME  GREENWOOD, SC 29649	NONE	603.
REGINA ROBINSON  GREENWOOD, SC 29649	NONE	200.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>11,245.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 7

- 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



THE MINISTRY PROVIDED SHELTER FOR EIGHT UNWED MOTHERS AND TWO BABIES DURING THE TAX PERIOD. EXPENSES FOR THIS ITEM INCLUDE HOUSEPARENTS' SALARY, UTILITIES, FOOD, AND NECESSARY SUPPLIES. THE MINISTRY PROVIDES VARIOUS TRAINING PROGRAMS TO HELP PREPARE EXPECTANT MOTHERS FOR PARENTHOOD, INCLUDING A FINANCIAL EDUCATION AND PERSONAL BUDGETING "MOMMY BUCKS" PROGRAM AND A "CHARACTER POINTS" PROGRAM, BOTH OF WHICH HELP MOMS EARN POINTS WHICH CAN BE EXCHANGED FOR ITEMS FOR THEIR BABIES OR PERSONAL ITEMS FOR THEMSELVES. THIS HELPS THE BIRTHMOTHER BUDGET HER "MONEY" WHILE IN THE PROGRAM TO PREPARE HER FOR MANAGING HER FINANCES WHEN SHE LEAVES THE MINISTRY. TRAINING INCLUDES CHILDBIRTH CLASSES, PARENTING SKILLS, NUTRITIONAL SKILLS, AND HOUSEHOLD/FINANCIAL MANAGEMENT SKILLS. MOTHERS RECEIVE BIBLICALLY-BASED COUNSELING TO HELP THEM WORK THROUGH THEIR CRISIS SITUATIONS, AND TO HELP THEM DECIDE WHETHER TO PARENT OR TO PLACE THEIR BABIES FOR ADOPTION. FAMILY MEMBERS ALSO RECEIVE COUNSELING SERVICES.

CLIENTS ARE REQUIRED TO CONTINUE THEIR EDUCATION WHILE STAYING AT THE HOME. THE MINISTRY HAS ESTABLISHED A LEARNING CENTER IN THE BASEMENT OF THE LEASED RETAIL BUILDING NOTED IN PROGRAM SERVIC ACCOMPLISHMENT #4. THE LEARNING CENTER INCLUDE A COMPUTER LAB. A PROGRAM FOR CAREER SKILLS TRAINING AT THE CAFE' AND RESALE STORE HAS BEEN IMPLEMENTED . TUTORING SERVICES, TRANSPORTATION TO SCHOOL, AND EDUCATIONAL MATERIALS ARE PROVIDED BY THE MINISTRY. ONE OF OUR CLIENTS IN THIS TAX PERIOD ACHIEVED HER EDUCATIONAL GOALS BY COMPLETING THE GED. IN ADDITION, TWO OTHER CLIENTS QUALIFIED TO BE TESTED FOR THE GED.

990-EZ PG 2

STATEMENT 10

THE MINISTRY CONTINUED TO OPERATE "THE SECRET PLACE" RESALE STORE, WHICH SELLS USED CLOTHING AND ACCESSORIES THAT ARE DONATED TO THE MINISTRY. THE MINISTRY SUBLEASES SPACE IN PART OF THE BUILDING, CALLED "THE ALCOVES OF A PLACE FOR US MINISTRIES", TO PRIVATE VENDORS TO HELP COVER THE LEASE COST. THE INCOME AND EXPENSE FOR "THE ALCOVES" IS REPORTED ON FORM 990-T. A CAFE, "HIS PLACE" IS ALSO OPERATED IN THE BUILDING BY THE MINISTRY. THE MINISTRY OFFERS SPACE TO PRAYER GROUPS AND AND OTHER MINISTRIES FOR MEETINGS.

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990-EZ PG 2

STATEMENT 11

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APFU'S PURPOSE IS TO PROVIDE PHYSICAL CARE IN THE FORM OF A HOME FOR UNWED MOTHERS, PRACTICAL TRAINING AND EDUCATION, SPIRITUAL AND EMOTIONAL CARE, AND BIBLICALLY BASED COUNSELING.

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

**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 Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed)		
Type or print File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	A PLACE FOR US MINISTRIES, INC.	57-1126531
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	P.O. BOX 797	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	GREENWOOD, SC 29648-0797	

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.**

RAYNE ADAMS

- The books are in the care of ☒ **214 MORROW ROAD, GREENWOOD, SC - 29646**  
 Telephone No ☒ **864-227-1147** FAX No ☒ **864-227-9111**

- 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 17, 2010**
- 5 For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- 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

**ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY FOR THE COMPLETE AND ACCURATE PREPARATION OF FORM 990EZ.**

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	<b>Balance Due.</b> 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  Date