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Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047 2009

Open to Public Inspection

	For the	e 2009 calend	lar year,	or tax year beginnin	g	, 20	009, and	ending				,		
В	Check if	applicable	DI	C Name of organization					ł	D Employ	er Ident	ification Num	ber	
	Add	ress change	Please use IRS label	THE CHURCH H	OME SOCIE	TY, INC.				04-2	2104	001		
	Nam	ne change	or print or type.	Number and street (or	PO box if mail is	not delivered to stree	et addr) F	Room/suit	е	E Telepho	ne num	ber		
	Initia	al return	See specific	138 TREMONT	STREET					(617	7) 4	82-5328	}	
	Terr	mination	Instruc- tions.	City, town or country		St	ate ZIP co	ode + 4						
	12.84	ended return		BOSTON		м	A 021	111		G Gross re	eceints !	\$ 2,882,	179	
		<u>-</u>		and address of principal offi	cer				(a) Is this a					X No
				DIXON 295 Summ		nchester	MA 019	l	(b) Are all a			-	Yes	No
	Tav	exempt status			sert no)	4947(a)(1) or			If 'No,' a	ttach a list	(see ins	structions)		□•
<u>.</u>		site: ► N/A		(c) (3) · (iii.	serrio)	1 +347 (a)(1) 01	1 32		(-) ()					
ĸ			X Corpora	ation Trust As		er ►	Lv.		(c) Group ex 1858				3/3	
_	rt I	Summa		ation Trust As	ssociation Oth	er	L Year of	Formation	1020	IVI S	tate of I	egat domicile	MA	
116				ganization's mission	or most signifi	cant activities	BTWN VGTA		TNO 80 00					
	' '	orieny describ	ie tile oiç	janization s mission	or most signin	cant activities	FINANCIA	L GRANT	ING TO OR	GANIZATIO	NS SUE	PORTING YO	UTH PR	OGRAMS
JC e	_													· – – -
Activities & Governance	_													· – – -
Ş.	2 0	heck this box	→ □	if the organization di	 iscontinued its	onerations or d	snosed	of more	: than 25		 accetc			. – – -
ŏ				bers of the governin			isposeu ·	OI IIIOI C	, (iiaii 23	/ 01 113 1		10		
∞ 5				t voting members of			line 1b)					10		
iţie	5 T	otal number	of emplo	yees (Part V, line 2a	1)						5		-	
슕				eers (estimate if nec						[6	11		
⋖		_		ousiness revenue from			2				7a			0.
	bΝ	let unrelated	business	taxable income fron	n For n 990 T	ECEIVE	<u> </u>	1			_7b			
					<u> </u>	EUEIVE		1	Pri	or Year		Curre	nt Yea	ar
<u>•</u>			_	ts (Part VIII, line 1h)	· [2]		RS-OSC			14,6	67.		14,	184.
en	9 F	Program servi	ce reveni	ue (Part VIII, line 2g	377	AUG 16 2010) [우]]						
Revenue	10 lr	nvestment ind	come (Pa	ue (Part VIII, line 2g art VIII, column (A), l II. column (A), lines	ines 3 and	70)	185	}		104,5	01.	2	63,4	<u>465.</u>
_			(, \outlet , \tau ,	11, 0010//111 (1.17, 111100	o, ou oc									
				nes 8 through 11 (mu			Tine 12)	1		-89,8				649.
				ounts paid (Part IX, o		•		_		202,0	00.	1	89,7	770.
;				members (Part IX, c		•								
မှ				isation, employee be	•	* * *	nes 5-10))		28,7	64.		17,8	821.
. Š	16a P	Professional fu	undraisin	g fees (Part IX, colu	mn (A), line 1	le)								
Expenses	bΤ	otal fundraisi	ng exper	nses (Part IX, columi	n (D), line 25)	-		0.						
; 	17 C	Other expense	es (Part I	X, column (A), lines	11a-11d, 11f-2	24f)		Į		75,7	75.		71,6	689.
	18 T	otal expense:	s Add Iır	nes 13-17 (must equa	al Part IX, coli	ımn (A), lıne 25)).			306,5	39.	2	79,2	280.
	19 R	Revenue less	expenses	s Subtract line 18 fro	om line 12			[-	396,3	73.		-1,6	631.
8 8										ning of Y		End o		
Net Assets Fund Balanc	20 T	otal assets (F	Part X, lır	ne 16)				İ		582,9				100.
A P	21 T	otal liabilities	(Part X,	line 26)				Ī		11,5				358.
Š	22 N	let assets or f	und bala	nces Subtract line 2	1 from line 20			Ī	6.	571,3	40.	7.1	79,0	142.
Pa	rt II	Signatu			_								, .	
		Under penalties	of perjury, I	I declare that I have examin	ned this return, incli	uding accompanying s	schedules a	nd statem	ents, and to	the best of	my kno	wledge and be	thef dis	
		true, correct, an	d complete	declare that I have examine Declaration of preparer (of	her than officer) is	based on all informat	ion of which	h preparer	has any kn	owledge	,	oogo ono oo		-
Sig	ın	- 14	ende	who De	i				10	Mo.	10 .	2010		
He	re	Signature of	f officer				,		Date	ug.	~	· • • • • • • • • • • • • • • • • • • •		
		► WENDY	DIXON	ī						_				
		Type or prin	nt name and	title								_		
				\			Date		Che	ck if	Pre	eparer's identife instructions)	ying nui	mber
Pai	d	Brances's		\mathcal{M}	- 04				self	oloyed ►	(36	e mstructions)		
Pre		Preparer's signature	> (// _Y	////	}//		07/1	3/10						
	er's	Firm's name (or	BERN	NARD, JOHNSON	& COMPAN	Y, P.C.	, - · , -			-				
Us		yours if self- employed).		MAIN STREET		_, _,			EIN	•				
On	ıy	address, and ZIP + 4		FIELD		MA 019	983				(978	887-2	2220	
Max	the IR	•		vith the preparer sho	wn above? (s		<u> </u>		11 1101		, , , ,	X Yes	Ī	No
				<u></u>								, ,	- i I	

	990 (2009) THE CHURCH HOME SOCIETY, INC.	04-2104001	Page 2
Par	t III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	FINANCIAL GRANTING TO ORGANIZATIONS SUPPORTING YOUTH PROGRAMS		
2	Did the organization undertake any significant program services during the year which were not listed on the	a prior	
-	Form 990 or 990-EZ?	· — —	٦.,
		Yes <u>X</u>	No
_	If 'Yes,' describe these new services on Schedule O		٦
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes X	No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	y expenses Section 501(c)	(3)
	expenses, and revenue, if any, for each program service reported	mocations to others, the total	aı
4 a		Revenue \$ 14,	184.)
	THE CHURCH HOME SOCIETY, INC. MAKES FINANCIAL GRANTS		
	TO BOTH RELIGIOUS AND SECULAR ORGANIZATIONS WHICH		
	WORK WITH AND/OR FOR YOUTH.		
	· · · · · · · · · · · · · · · · · · ·		
			
			
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4b	(Code) (Expenses \$ including grants of \$) (F	Revenue \$	``
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			. _
4 -	(Oada) (Farana A		
4 C	(Code) (Expenses \$ including grants of \$) (R	levenue \$)
			. _
			· -
		_	
	~		
A -	Other and the Colored to Colored		
4 d	Other program services (Describe in Schedule O)		
_ -)	
<u>4e</u>	Total program service expenses ► 309,856.		

Form 990 (2009) THE CHURCH HOME SOCIETY, INC.

Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		х
3	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	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		_x_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X_
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		_ x _
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VII			
	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	Х	
	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14a		<u>_x</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	14b 15	-	_ <u>x</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>x</u>
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 21 X 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2⁹ If 'Yes,' complete Schedule I, Parts I and III

D A A				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u>x</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		_x_
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		_x_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-3 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u>x</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		_x_
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>x</u>
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
t	Is the organization 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	25b		x
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	,	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		x
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		x

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1 a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1 c Х 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3 a Х this return? b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 3b 4a 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) 4a Х **b** 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6ь Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a X b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Х 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a х b Did the organization make any distribution to a donor, donor advisor, or related person? 9 b Х 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a **b** Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b

BAA

Form 990 (2009)

12a

12b

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Governing Body and Management

1a Enter the number of voting members of the governing body

Section A.

1a 10

No

Yes

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

ı	b Enter the number of voting members that are independent	16 10				
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	elationship with any other	2		x	
3	Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other personal company or other personal company.	under the direct supervision on?	3		х	
4	Did the organization make any significant changes to its organizational documents		4		X	
	since the prior Form 990 was filed?					
5	Did the organization become aware during the year of a material diversion of the organization	n's assets?	5		_X	
6	Does the organization have members or stockholders?		6		Х	
7 a	a Does the organization have members, stockholders, or other persons who may elect one or governing body?	more members of the	7a		x	
ı	b Are any decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		x	
8	Did the organization contemporaneously document the meetings held or written actions under the following	ertaken during the year by				
á	a The governing body?		8a	х		
ı	b Each committee with authority to act on behalf of the governing body?		8 b	х		
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		x	
Sec	ction B. Policies (This Section B requests information about policies not	required by the Internal				
Rev	enue Code)					
		·		Yes	No	
10 a	a Does the organization have local chapters, branches, or affiliates?		10a	l	x	
ı	b If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10Ь			
11	Has the organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х		
11/	1 A Describe in Schedule O the process, if any, used by the organization to review this Form 990					
12 a	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13		12a		X	
ı	b Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that could give rise	12b			
(c Does the organization regularly and consistently monitor and enforce compliance with the positive of the state of the st	olicy? If 'Yes,' describe in	12c			
13	Does the organization have a written whistleblower policy?		13		x	
14	Does the organization have a written document retention and destruction policy?		14		X	
15	Did the process for determining compensation of the following persons include a review and persons, comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent cision?				
ä	The organization's CEO, Executive Director, or top management official		15a	[X	
ŀ	b Other officers of key employees of the organization		15b	Х		
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)					
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arrangement with a taxable	16a		х	
ŧ	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	to evaluate its participation the organization's exempt	16ь			
Sec	ction C. Disclosures					
	List the states with which a copy of this Form 990 is required to be filed ▶			_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection Indicate how you make these available Check all that apply Own website Another's website X Upon request	nd 990-T (501(c)(3)s only) av	– – – ailabli	e for p	oublic	
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docur statements available to the public	nents, conflict of interest poli	cy, an	d fina	ncıal	
20	State the name, physical address, and telephone number of the person who possesses the t	books and records of the orda	ınızatı	on		
	► WENDY DIXON 295 SUMMER ST MANCHESTER-BY-THE-SEA M	_	7) 4		328	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees
 See instructions for definition of 'key employees'

Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	(c)			, un	(D)	(E)	(F)		
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated
	hours per week	andivida el frastere or director	anstitutional trustee	Offi 1	Key emphyee	High est coin-e-isated employee	では、口楽日	compensation from the organization (W-2/1099 MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
REV. M. THOMAS SHAW					_	· · · · · · ·				
TRUSTEE	0.50	x						0.	0.	0.
MRS WILLIAM B. TYLER	0.50	x		x				0.	0.	0.
VALERIE BAILEY FISCHER										
TRUSTEE	0.50	Х						0.	0.	0.
MR. EUGENE BOEHNE JR										
TRUSTEE	0.50	Х						0.	0.	0.
REV. ROGER E. NELSON										
VICE PRESIDENT	0.50	X		х				0.	0.	0.
REV. ROBERT G. WINDSOR										
TRUSTEE	0.50	X						0.	0.	0.
MRS DENNIS C DIXON										
TREASURER	0.50	Х		Х				0.	0.	0.
MRS ROBERTA TRIPP										
ADMIN DIR	15.00	X			X	X		10,167.	0.	0.
MR_ROBERT_CONSTANTINOTRUSTEE	0.50	x						0.	0.	0.
REV. LAUREL DEERY										
PRESIDENT	0.50	x		х				0.	0.	0.
DR. AYANNA QUINONES										·
TRUSTEE	0.50	x						0.	o.	0.
MR CHRIS TROY										
TRUSTEE	0.50	х						0.	0.	0.
MS. TALIA RIVERA										
TRUSTEE	0.50	х					ı	0.	0.	0.

(A)	(B)				c)			(D)	(E)		(F)	
Name and Titte	Average hours per week hours per week of direction rounding trustee level leve		Reportable compensation from related organizations (W-2/1099-MISC)	amo cor or a	stimated bunt of o inpensation from the ganization ind related ganization	ether non e on ed						
	-											
											•	
									-			_
1 b Total							•	10,167.	0.			0.
2 Total number of individuals (including but not limiter from the organization ►	d to tho	se li	sted	l abo	ove)	wh	o red	ceived more than	\$100,000 in reporta	able cor		
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or trust	ee, I	кеу	emp	oloye	ee, o	or hi	ghest compensate	ed employee	3	Yes	No X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater tindividual	portable	cor	npei	nsat If 'Y	ion es'	and com	oth	er compensation t e Schedule J for s	rom uch	4		
 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci 	ompens	atıor	n fro	om a	ny i	unre	elate	d organization for	services	5		x
Section B. Independent Contractors	iedale 3	101	Suci	n pe	1301				_			Α
Complete this table for your five highest compensate compensation from the organization	ed indep	oend	lent	con	trac	tors	tha	t received more th	nan \$100,000 of			
(A) Name and business address		ss				(B) Description o	f Services	(C) Compensation				
												
2 Total number of independent contractors (including	but not	lımıt	ed t	to th	ose	list	ed a	bove) who receive	ed more than			

\$100,000 in compensation from the organization >

Pa	rt VIII Statement of Revenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	1a Federated campaigns 1a		-		
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	b Membership dues 1b	7			
£ 5	c Fundraising events 1c	_			
RA	d Related organizations 1d	-			
5 ₹	e Government grants (contributions) 1 e	-			1
SIS	C deserment grants (continuations)	-			
55	f All other contributions, gifts, grants, and similar amounts not included above 1f 14,184.				
틢	similar amounts not included above 1f 14,184.	<u>-</u>			
NO A	g Noncash contributs included in lins 1a-1f \$	- 14 704			
<u>ш</u>	h Total. Add lines 1a-1f	14,184.		<u>.</u>	
5	Business Code	4			
E	2a				
Ä	b				
ž	C				
SE	d				
ΑĀ	e				
20	f All other program service revenue				
<u> </u>	g Total. Add lines 2a-2f	·			
	3 Investment income (including dividends, interest and			·	
	other similar amounts)	248,272.	0.	0.	248,272.
	4 Income from investment of tax-exempt bond proceeds ▶	·			
	5 Royalties	•			
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less rental expenses	-			
	c Rental income or (loss)	1			
	d Net rental income or (loss)	-			
	(A) Securities (A) Other				
	7a Gross amount from sales of assets other than inventory 2,619,723.	-			
		-			
	b Less cost or other basis and sales expenses 2,604,530.				
	c Gain or (loss) 15,193.	-			
	d Net gain or (loss) ►	15 102		•	15 100
		15,193.	0.	0.	15,193.
ENUE	8a Gross income from fundraising events (not including \$				
₹EV	of contributions reported on line 1c)				
OTHER REVENU	See Part IV, line 18	_			
Ŧ	b Less direct expenses b	_			
	c Net income or (loss) from fundraising events	•		·	
	9a Gross income from gaming activities See Part IV, line 19 a				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities	-			
	10a Gross sales of inventory, less returns and allowances			-	
	b Less cost of goods sold b	-			
	c Net income or (loss) from sales of inventory	-		İ	
	Miscellaneous Revenue Business Code	1			
ŀ	11 a	†			
	b	+			
		 			
	d All other revenue	 			
	e Total. Add lines 11a-11d		-		
	12 Total revenue. See instructions				262 465
	12 Total revenue. See Instructions	277,649.	0.	0.	<u>263,465.</u>

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

2	Grants and other assistance to governments				expenses
	and organizations in the U.S. See Part IV, line 21	189,770.	189,770.		
	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	_			
5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	16,284.	12,213.	4,071.	0
	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
•	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,537.	1,153.	384.	0.
11	Fees for services (non-employees)				
а	Management				
þ	Legal	3,500.	0.	3,500.	0.
С	Accounting	13,167.	0.	13,167.	0.
đ	Lobbying				·
е	Prof fundraising svcs See Part IV, In 17				
f	Investment management fees	44,739.	0.	44,739.	0.
g	Other				
12	Advertising and promotion				
13	Office expenses	2,633.	0.	2,633.	0.
14	Information technology				
	Royalties				
	Occupancy	5,000.	0.	5,000.	0.
18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
	Interest				-
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance	500.	0.	500.	0.
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	3301		300.	
а	ADOPTION COUNSELING	1,720.	1,720.	0.	0.
b	FOREIGN TAXES	420.	0.	420.	0.
	ANNUAL REPORT FEE	10.	0.	10.	0.
d					
e .					····
	All other expenses	270 202	204 256	74 404	
26	Total functional expenses Add lines 1 through 24f Joint costs. Check here □ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	279,280.	204,856.	74,424.	0.

Pa	irt X	Balance Sheet	(4)		(P)
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	824,319.	1	442,537
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	·
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
A S S E T	7	Notes and loans receivable, net		7	
Ē	8	Inventories for sale or use		8	
Š	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis 10a			
		Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10 c	
	11	Investments – publicly-traded securities	5,758,592.	11	6,747,863.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	-
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	6,582,911.	16	7,190,400.
	17	Accounts payable and accrued expenses	11,571.	17	11,358.
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
L I T	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II			
- 1		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	11,571.	26	11,358.
ZET		Organizations that follow SFAS 117, check here ► X and complete lines			
Ŧ		27 through 29 and lines 33 and 34.	i	İ	
ASS	27	Unrestricted net assets	3,220,373.	27	3,595,093.
Ē	28	Temporarily restricted net assets	3,219,612.	28	3,452,594.
ETS	29	Permanently restricted net assets	131,355.	29	131,355.
Q R		Organizations that do not follow SFAS 117, check here▶ ☐ and complete ☐			
E		lines 30 through 34.			
סבכה	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ĺ	32	Retained earnings, endowment, accumulated income, or other funds		32	
B41420Eの	33	Total net assets or fund balances	6,571,340.	33	7,179,042.
F 1	34	Total liabilities and net assets/fund balances	6,582,911.	34	7,190,400.

orm 990 (2009) THE CHURCH HOME SOCIETY, INC.	04-2104001	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		х
b Were the organization's financial statements audited by an independent accountant?	2 b	х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversifierew, or compilation of its financial statements and selection of an independent accountant?	ght of the audit,		х
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both	ere issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single		x

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1)

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Total

nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number THE CHURCH HOME SOCIETY, INC. 04-2104001 Part I | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or cooperative hospital service organization described in section 170(bX1)XAXiii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 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). 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) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions —subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 11 **b** | Type II c |X | Type III - Functionally integrated d | Type III - Other 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) If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) below, the governing body of the supported organization? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organizations h (i) Name of Supported Organization (III) Type of organization (described on lines 1-9 above or IRC section (v) Did you notify the organization in col (i) of (ii) EIN (IV) Is the (vi) Is the (VII) Amount of Support organization in col organization in col (i) listed in your governing document? (i) organized in the (see instructions)) your support? Yes Yes No Yes Nο No EPISCOPAL DIOCESE OF MASS 04-2104156 X X X 78,970.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

78,970.

Schedule A (Form 990 or 990-EZ) 2009 THE CHURCH HOME SOCIETY, INC. 04-2104001 Page 2 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 (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year (c) 2007 (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions). 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 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts and circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 THE CHURCH HOME SOCIETY, INC. 04-2104001 Page 3 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 (e) 2009 Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support **(b)** 2006 Calendar year (or fiscal yr beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form sımılar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add ins 9, 10c, 11, and 12) 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 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 %

Public support percentage from 2008 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

Investment income percentage from 2008 Schedule A, Part III, line 17

b 33-1/3 support tests – **2008.** If the organization did not check a box on line 14 or 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

Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
	**
-	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

THE CHURCH HOME SOCIETY, INC. 04-2104001 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part II | Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06. 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990. Part IV. line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

0.1.1.1.2.45									
Schedule D (Form 990) 2009 THE C Part III Organizations Mainta					I Transuras a		104001		Page 2
3 Using the organization's acquisitiems (check all that apply)	ion accessior	n and oth	ner records, che	eck an	y of the following	that are a significant	use of its co	ollecti	ion
a Public exhibition			d Loan	or ex	change programs				
b Scholarly research			e U Othe	r					
c Preservation for future gener									
4 Provide a description of the orga Part XIV					-		pose in		
5 During the year, did the organiza assets to be sold to raise funds r							Yes		No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangen	nents (Complete if o	orgar 21	nization answe	red 'Yes' to Form	990, Part	ΙV,	line
· · · · · · · · · · · · · · · · · · ·			·						
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	an, or oth	ner intermediar	y for c	contributions or ot	her assets not	Yes	Г	No
b If 'Yes,' explain the arrangement	ın Part XIV a	and com	plete the follow	ıına ta	ble				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Amount		
c Beginning balance						1c	7		
d Additions during the year						1d			-
e Distributions during the year						1e			
f Ending balance						1f			
2a Did the organization include an a	mount on Fo	rm 990.	Part X. line 21	2			Yes		No
b If 'Yes,' explain the arrangement		,	,					L	_]
Part V Endowment Funds Co		rganiza	ation answer	ed '\	es' to Form 9	90. Part IV. line 1	0.		
,	(a) Current		(b) Prior yea		(c) Two years bac			ur years	s back
1 a Beginning of year balance		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(-,,		(0)	<u>your</u>	
b Contributions									
c Net Investment earnings, gains, and losses		_				1			
d Grants or scholarships									
e Other expenditures for facilities and programs									
f Administrative expenses									
q End of year balance							-		
2 Provide the estimated percentage	e of the vear	end bala	ance held as						
a Board designated or guasi-endov	-		98						
b Permanent endowment ►									
c Term endowment ►	8								
3a Are there endowment funds not a organization by	n the posses	sion of t	he organization	that .	are held and admi	nistered for the	<u></u>	Yes	No
(i) unrelated organizations							3a(i)	162	NO
(ii) related organizations							3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?									
4 Describe in Part XIV the intended							1 30		
Part VI Investments—Land, B						line 10			
Description of investment		(a) Cos	t or other basis	(b	Cost or other casis (other)	(c) Accumulated Depreciation	(d) Bo	ok Va	alue
1a Land					0000	Depreciation	+		
b Buildinas			-	_			+		

Description of investment

(a) Cost or other basis (investment)

1 a Land

b Buildings

c Leasehold improvements

d Equipment

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

(c) Accumulated Depreciation

(d) Book Value

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 THE CHURCH HOME S Part VII Investments—Other Securities See F	Form 990 Part V line 1	04-2104001 P
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(b) Book Value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
	-	
	_	
	-	
	-	
	-	
	-	
	-	
	-	
Total (Column (b) must equal Form 990 Part X, col (B) line 12)		
Part VIII Investments-Program Related (See		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	 	Cost or end-or-year market value
	-	
·		
·	-	
	-	
		
		- white
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)	1	
Part IX Other Assets (See Form 990, Part X		
(a) D	escription	(b) Book value
		
Total. (Column (b) must equal Form 990, Part X, col (B),		•
Part X Other Liabilities (See Form 990, Part	t X, line 25)	
(a) Description of Liability	(b) Amount	
Federal Income Taxes		
		
T. I. (A.) (A.) (B.) (B.) (B.) (B.) (B.)		
Total (Column (b) must equal Form 990, Part X, col (B) line 25)		
2. FIN 48 Footnote In Part XIV, provide the text of the foo	otnote to the organization's fir	nancial statements that reports the organization's liab

		-2104001	Page
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements	-	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		277,649.
2	Total expenses (Form 990, Part IX, column (A), line 25)		279,280.
3	Excess or (deficit) for the year Subtract line 2 from line 1		-1,631.
4	Net unrealized gains (losses) on investments		_
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-1,631.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	
	Total revenue, gains, and other support per audited financial statements	1	874,826.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
а	Net unrealized gains on investments 2a 597,177.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	597,177.
	Subtract line 2e from line 1	3	277,649.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investments expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	277,649.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
	Total expenses and losses per audited financial statements	1	379,280.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
	Other losses 2c		
	Other (Describe in Part XIV)		
	Add lines 2a through 2d Subtract line 2e from line 1	2e 3	370 300
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	379,280.
	Investments expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) 4a 4b		
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	379,280.
	t XIV Supplemental Information	<u> </u>	3/9,280.
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, I, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this pa nation	lines 1b and 2 rt to provide ai	2b, Part V, ny additional
	·		
	·		

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Schedule **D** (Form 990) 2009

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Schedule D (Form 990) 2009 THE CHURCH HOME SOCIETY, INC. Part XIV Supplemental Information (continued)	04-2104001	Page 5
Part XIV Supplemental Information (continued)		
		
		-
		- - -
		
		- - -

SCHEDULE I

Department of the Treasury Internal Revenue Service

Name of the organization

Governments and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545-0047 2009

Employer identification number

YOUTH PROGRAM YOUTH PROGRAM FAITH BASED YO YOUTH MINISTRY SUMMER AND AFT YOUTH PROGRAM HIGH RISK TEEN 2 (h) Purpose of grant or assistance Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form X Yes 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 04-2104001 (g) Description of non cash assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 10,000. 6,870. (d) Amount of cash grant 5,650 15,000 33,000 75,000 10,000 Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 2 Enter total number of section 501(c)(3) and government organizations Part I General Information on Grants and Assistance 20-2079203 22-3186260 (P) EIN EMMANUEL GOSPEL CENTER IN Black Ministerial Allianc THE CHURCH HOME SOCIETY BOSTON URBAN YOUTH FOUND 1 (a) Name and address of organization or government GRACE_EPISCOPAL_CHURCH New Bedford MA 02475 215 FOREST HILL STR ST STEPHEN'S CHURCH 169 Belleville Rd. ST ANDREWS CHURCH Lawrence MA 01840 Roxbury MA 02119 GENERATION EXCEL BOSTON MA 02130 Palmer Street BOSTON MA 02118 419 SHAWMUT AVE BOSTON MA 02118 BOSTON MA 02130 SAN JUAN ST PO_BOX_301545 35 Jackson St

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 04-2104001 THE ORGANIZATIONS' BOARD MEMBERS RESEARCH THE NOW PROFITS BEFORE ANY GRANTS (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance (c) Amount of cash grant THE CHURCH HOME SOCIETY, INC. (b) Number of recipients ARE AWARDED (a) Type of grant or assistance Schedule I (Form 990) 2009 Pt_I_Line_2 Pt_I_Line_2 Part III

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Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number
THE CHURCH HOME SOCIETY, INC.	04-2104001
Pt_VI-C, Line 19 no formal conflict of interest policy but financial statements are available.	LABLE UPON REQUEST TO THE OFFICE.
Pt VI-B, Line 15 RAISES FOR THE EMPLOYEE ARE VOTED ON BY THE BOARI	D
Pt_VI-B, Line_11A THE TAX RETURN IS DISCUSSED DURING THE ORGANIZATION	NS_MONTHLY_BOARD_MEETING