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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 1545-0047

Department of the Treasury

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

Open to Public

A	For the	2010 calendar year, or tax year beginning		, and e	nding					
В	Check if a	applicable C Name of organization HOME A	ND AWAY MINISTRIES			D Employer ide	entification num	nber		
	Address (change Doing Business As				30-0157388				
\Box	Name ch	ange Number and street (or P O box if mail	is not delivered to street address) F	Room/suite		E Telephone nu	mber			
Ō١	nıtıal retu	m 18854 ISLAND RESORT RD	Į			65 <u>1-674-2537</u>				
=	Terminati	TOOOT TOD THE TREGOTT TRE	+4		0010712001					
=	Amended		MN	55063-5	418	G Gross receipt	s \$	705,387		
=				33003-3		H(a) Is this a group return for affiliates? Yes X No				
Ш′	Аррисацс	• • • • • • • • • • • • • • • • • • • •		5062			ī	= =		
		LYN SAHR 18854 ISLAND RES				all affiliates inclu	-	Yes No		
		pt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) o	r 527	1 17	No," attach a list (see instructions;	J		
JV	<u>Vebsite</u>	: ► HOMEANDAWAYMINISTRIES.ORC	<u> </u>		H(c) Gro	oup exemption nur	nber 🚩			
KF	orm of o	ganization X Corporation Trust As	ssociation Other ►	L Yea	r of forma	ation 2003	M State of legal	I domicile. MN		
-	art I	Summary					· · · · · ·			
_	1	Briefly describe the organization's mission	on or most significant activitie	s: Prov	de food	distributions	in rural			
	1	areas in MN and WI. Provide opportuniti								
9		mission teams through partners in minist				SIONS				
Jan	1	in Mexico.			21.0.111					
Activities & Governance	1 2	Check this box ▶ if the organization dis	continued its operations or dispose	d of more the	n 250/ o	fite not accord				
တိ	3	Number of voting members of the govern					2	5		
ණ ග	4						3 4	<u> </u>		
įŧ		Number of independent voting members				· · -	5	9		
Ę	5	Total number of individuals employed in			• •	· · · —	6			
•	6	Total unrelated business revenue from E					o 'a	4,000		
	7a	Total unrelated business revenue from F	3			<u> </u>	<u>а</u> 'b	0		
	 D	Net unrelated business taxable income f	iom Form 990-1, line 34 .	· · ·	 -	Prior Year		rrent Year		
	8	Contributions and grants (Part VIII, line 1	lb)			245,5		69,767		
ž	9	Program service revenue (Part VIII, line	•		 			619,832		
Revenue	10	Investment income (Part VIII, column (A)				358,9 9,2		4,682		
2	111	Other revenue (Part VIII, column (A), line			 	4,5				
	12	•		,				4,419		
	13	Total revenue—add lines 8 through 11 (must Grants and similar amounts paid (Part IX				618,2	0	698,700 500		
	14	Benefits paid to or for members (Part IX,						<u>500</u>		
	15	Salaries, other compensation, employee ben		 5 10\		19,1		221,016		
ses	16a			3-10)		221,010				
Expenses	b	Professional fundraising fees (Part IX, column Total fundraising expenses (Part IX, column Total fundraising e		4.570	3					
찣	17			4,572 1	ļ	416,9	72	E44 276		
	18	Other expenses (Part IX, column (A), Income Total expenses. Add lines 13–17 (must expense).		25\		436,1		544,376 765,902		
	19	Revenue less expenses. Subtract line 48				182,0		765,892 -67,192		
(£)8		<u> </u>	I DOT 1 TO DOLL TO	' · · · · · · · · · · · · · · · · · · ·	Region	ing of Current Ye		d of Year		
(3) E	20	Total assets (Part X, line 16)	7 7 7 7011 196			467,9		509,847		
25 B	21	Total liabilities (Part X, line 26)	<u> </u>			364,2		473,271		
NergaseE	22	Net assets or fund balances. Subtract lin	e 20GAEL UT			103,7		36,576		
	rt II	Signature Block						33,3.3		
Llinda	er nenalti	es of periury. I declare that I have examined this retui	m, including accompanying schedules	s and stateme	nts, and t	to the best of my k	nowledge			
and	belief, it i	s true, correct, and complete, Declaration of preparer	(other than officer) is based on all inf	ormation of w	hich prep	arer has any know	ledge			
Sig										
EPA.	ro	Signature Stafficer	14/16016	6 14	Laum	Date,	11	K1201		
He	Œ	1777/11/11	LIN DAM		11112	DAN	11-	0-68/1		
<u>~</u>		Type or print name and title		7 - 7 - 7 - 7						
20 Pai		Print/Type preparer's name	Preparer's signature		Date		, C	in		
		ROBERT RAMPI, CPA	Bolut Co	mpi	10	/5/2011 Self-	ck if employed			
	parer	- DODEDT DAMPLLE								
Us	e Only	Firm's name ROBERT RAMPILTI				Firm's EIN				
		Firm's address ► 5637 BROOKLYN BL			9	Phone no (7	<u>63) 533-946</u>			
May	the IF	S discuss this return with the preparer sh	nown above? (see instruction	s)		<u></u>	. X	Yes No		

Form 9	90 (2010)		0-0157388	Page 2
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		. <u>L</u>
1	Briefly d	escribe the organization's mission:		
	TO PRO	VIDE FOOD DISTRIBUTIONS IN RUAL AREAS IN MN & WI OUTREACHES TO COMMUNITIES,	MISSION	
		ACHES AND MISSIONS IN MEXICO		

2	Did the	organization undertake any significant program services during the year which were not listed on		
-		Form 990 or 990-EZ?	. Yes	X No
		describe these new services on Schedule O	٠ ت	٠٠٠ ليــا
3		organization cease conducting, or make significant changes in how it conducts, any program		
•	services		□ Ves	X No
		describe these changes on Schedule O.		[X]
4		· · · · · · · · · · · · · · · · · · ·	/ ovnonene	
4		e the exempt purpose achievements for each of the organization's three largest program services by 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amou		
		ns to others, the total expenses, and revenue, if any, for each program service reported.	in or grains and	J
	anocano	ns to others, the total expenses, and revenue, it any, for each program service reported.		
	(0.1	\(\frac{1}{2}\)	* 000	700 \
4a	(Code:) (Expenses \$ 704,070 including grants of \$ 750) (Revenue	9 698	(,/00.)
	FOOD 8	MISSION OUTREACH WITH 4000 VOLUNTEERS SERVING MUTIPLE COMMUNITIES IN RUAL	AREAS	

		***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4b	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue	\$	0)
4c	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue	\$	0)

		•••••••••••••••••••••••••••••••••••••••		

		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••		
4d	Other	ogram services (Describe in Schodule C.)		
→u	(Expens	ogram services. (Describe in Schedule O.)	0.)	
40			0)	
4e	i viai pr	ogram service expenses ► 704,070		

Part IV Checklist of Required Schedules No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 X Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 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," 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х 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," 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or 10 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Х 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more 11b Х c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more 11c Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 11e f 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 (ASC 740)? If "Yes," complete Schedule D, Part X. 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 Х Х 14a b 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, Parts I and IV. 14b Х 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, Parts II and IV 15 Х 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, Parts III and IV 16 X 17 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 (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H Х 20a b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some

Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

		0157388	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	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		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 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	1		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		v
242	employees? If "Yes," complete Schedule J	. 23		×
244	\$100,000 as of the last day of the year, 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1 2.12		<u> </u>
	to defease any tax-exempt bonds?	. 24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		X
25a	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		X
b	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
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 I	/ . 26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		ļ	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		i	
	If "Yes," complete Schedule L, Part III	. 27	Fig. 1	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1
_	Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200	il ne	
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>	. 28a	_	X
-	Schedule L, Part IV	. 28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	-0-	_	<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	. 28c	}	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
20	Part I	. 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		ł	,
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	┼	X
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	"	t	 ^
	III, IV, and V, line 1	. 34		_ x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,]]	}
	Part V, line 2	10 l	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			١.
27	organization? If "Yes," complete Schedule R, Part V, line 2	. 36		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? <i>If</i> "Yes," complete Schedule R, Part	- (ļ	l
	VI	. 37	Ī	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	· 3/	 	├^
33	19? Note. All Form 990 filers are required to complete Schedule O	. 38	x	[
		. <u> </u>		

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V		.	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			l
	gaming (gambling) winnings to prize winners?	<u>1c</u>	_X_	<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 9			ł
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
b	account)? If "Yes," enter the name of the foreign country: ▶	<u>+-a</u>	-	<u> </u>
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	,	[,	l
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?	5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			<u> </u>
-	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 tax deductible?	6b		×
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	l		
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	L	Х
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	i		l
	required to file Form 8282?	7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			İ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		├
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ĺ		
	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		X
9 a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:	35	 	 ^
а	Initiation fees and capital contributions included on Part VIII, line 12	ł		1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	Ì		i
а	Gross income from members or shareholders	ł	1	}
b	Gross income from other sources (Do not net amounts due or paid to other sources	l	l	l
	against amounts due or received from them.)	ĺ		l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	1
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		i	
b	Enter the amount of reserves the organization is required to maintain by the states in which	l	l	
	the organization is licensed to issue qualified health plans	l	1	ì
C	Enter the amount of reserves on hand	<u> </u>	<u> </u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	L _X
b	If "Yes." has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	1	l v

Form, 9	990 (2010) HOME AND AWAY MINISTRIES 30-015	7388	P	age 6
Par	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 change	es in		
	Schedule O. See instructions			
	Check if Schedule O contains a response to any question in this Part VI	<u></u>		<u></u> _
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ا ا		
_	any other officer, director, trustee, or key employee?	2	_	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	_	X
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Î
6	Does the organization have members or stockholders?	6	_	x
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	۳		 ^ -
<i>,</i> a	of the governing body?	7a		×
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	<u> </u>		 ^
•	the year by the following:			
а	The governing body?	8a		X
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.)		
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			1
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	_	X
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			i
	form?	11a	_X_	ļ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	_	X
U	rise to conflicts?	12b		ł
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in Schedule O how this is done	12c		X
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 approval by			_
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	}		
a	The organization's CEO, Executive Director, or top management official.	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			l
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			l
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			1
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MN Section 9404 requires an experientian to make its Forms 4003 (see 4004 if see it in black).	-,		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only smith to the section of	y)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
10	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	Ĭ.		
20	policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the			
20	1. 4	70		
	organization. ► Lyn Sahr 612-437-93: 18854 ISLAND RESORT RD, PINE CITY, MN 55063-5418	٧		

Form 990 (2010)	HOME AND AWAY MINISTRIES									30-01573	88	Page 7
Part VII	Compensation of Officers, Direct		s, K	еу	Em	plo	yee	s, H	lighest Comp	ensated		
	Employees, and Independent C											
	Check if Schedule O contains a re					_				<u></u>	· ·	<u> </u>
Section A.	Officers, Directors, Trustees, Key E	Employees, and	d Hig	hes	t C	omj	oens	ate	d Employees			
1a Complete to organization's	this table for all persons required to be tax year.	listed. Report c	ompe	ensa	atior	1 foi	the	cale	endar year endir	ng with or within	the	
of compensat List all a List the who received organization a List all a \$100,000 of ra List all a organization, List persons in compensated	of the organization's current officers, of ion Enter -0- in columns (D), (E), and of the organization's current key emplorganization's five current highest correportable compensation (Box 5 of Found any related organizations. Of the organization's former officers, keyportable compensation from the organization's former directors more than \$10,000 of reportable compensation trustee employees; and former such persons is box if neither the organization nor ar	(F) if no comper oyees, if any Sompensated emp rm W-2 and/or E ey employees, a nization and any or trustees that pensation from the es or directors; in	nsations and had recard at record ne organization	on wastruees (of language) of language) ted eive gan tions	/as potential controls // Cont	paid ons for the on 10 on the on the	I. or de an a 399-N spens ation e cap and a ses; o	finit n of MISo sate is. paci any offic	ion of "key empl ficer, director, tr C) of more than d employees wh ty as a former d related organiza ers, key employ	oyee." ustee, or key end \$100,000 from the oreceived more erector or trustee ations. ees; highest	nployee) he than of the	
	(A)	(B)			(((D)	(E)	(F	·—- ·)
	Name and Title	Average hours per week (describe hours for related organizations in Schedule	Individual trustee or director	•			Highest compens employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estim amou oth comper from organiz and re organiz	int of ier insation the zation elated

\(\cap_{\cap_\cap_\cap_\cap_{\cap_\cap_\cap_\cap_\cap_\cap_\cap_\cap_	(5)	Posit	ion (k all	that ap	(vlar	(<i>b</i>)	(- /	(1)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director			Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) LYN SAHR PRES	40.	х		x				14,756	0	0
(2) ROBERT ESPESETH SEC	30.	x		x				30,000	0	0
(3) NICOLE SCHWIDDR TREAS	2	x		х				0	0.	0
(4) JOHN ROE MEMBER	2.	x						26,250	0	0
(5) GARRETT NOVAK MEMBER	40.	x						0		0
(6)										
(7)										
(8)										
(9)										
(10)										
(11)					T					
(12)										
(13)										
(14)		ļ -								
(15)	-									
(16)						_				

P	Section A. Officers, Directors, Tr	ustees, Key E	mplo	yee	<u>s, a</u>	na	Higne	St	Compensated	Employees (co	ntinued)	
	(A)	(B)	Posit	ion (i	(C checi	C) k all t	that app	,IV)	(D)	(E)	(F)	
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee Individual trustee or director				Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensate from the organization organization.	of ion on ed
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)			† <u> </u>									
(24)	•••••											
(25)								_				
(26)					-							
(27)												
(28)						_						
1b c d	Sub-total	Section A							71,006 0 71,006	0		0
2	Total number of individuals (including but not I reportable compensation from the organization	imited to those	listed	ab				eive	ed more than \$	100,000 in		
3	Did the organization list any former officer, dir employee on line 1a? If "Yes," complete Sche					yee,	or hig	ghe	est compensate	d 	Yes 3	No X
4	For any individual listed on line 1a, is the sum the organization and related organizations gre individual										4	×
5	Did any person listed on line 1a receive or according services rendered to the organization? If "									ndıvidual	5	X
Sec	tion B. Independent Contractors											
1	Complete this table for your five highest compcompensation from the organization.	ensated indepe	nden	t co	ntra	icto	rs that	re	ceived more that	an \$100,000 of		
	(A) Name and business add	ress							(B) Description of se	rvices	(C) Compensation	
												0
							二					
											<u></u>	0
2	Total number of independent contractors (inclumore than \$100,000 in compensation from the		nited	to ti	nose	e lis	ted at	ov	e) who received	1		

30-0157388

Par	t 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
nts ts	1a	Federated campaigns 1a	0				1
ributions, gifts, grants other similar amounts	b	Membership dues 1b	0				
ts, gam	С	Fundraising events	0			i	
gif	d	Related organizations 1d	0				
ıs,	е	Government grants (contributions) 1e	750				
rtio er s	f	All other contributions, gifts, grants, and					
혈통	1	similar amounts not included above 1f	69,017		'		
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a-1f \$	15,500		İ		
<u>0</u> 8	h	Total. Add lines 1a–1f	<u> </u>	69,767			
흴		<u> </u>	Business Code				
er er	2a	Program Service Revenue		619,832	619,832		
ž	b						
3	C			0			
Š	a			0			
眶	e	All other management and described	——— 	0			
Program Service Revenue	[All other program service revenue					
	9	Total. Add lines 2a–2f		619,832			
	3	Investment income (including dividends, interest, a other similar amounts).		2.400	2.400		
	۱.	other similar amounts) . Income from investment of tax-exempt bond proce		3,100 0	3,100		
	5	•		0			
	"	Royalties	(II) Personal				
	6a	Gross Rents	(II) Fersonal		i		
	Ь	Less: rental expenses					
	6	Rental income or (loss) 0	0				
	ď	Net rental income or (loss)		. 0			ĺ
	7a	Gross amount from sales of (i) Securities	(II) Other				
	'-	assets other than inventory . 0	4,269				
	ь	Less: cost or other basis	- 1,200				
	Ì	and sales expenses 0	2,687		•		
	c	Gain or (loss)	1,582				
	d	Net gain or (loss)		1,582	1,582		
e	8a	Gross income from fundraising					
Other Revenue		events (not including \$ 0	1				
è		of contributions reported on line 1c).					
	1	See Part IV, line 18	ဂါ				Ì
Ę	Ь	Less: direct expenses b					[
O		Net income or (loss) from fundraising events .		0		ļ	
	1	Gross income from gaming activities.					
	l	See Part IV, line 19 a	_ 0				
	ь	Less direct expenses b	0				
	С	Net income or (loss) from gaming activities	•	0			
	10a	Gross sales of inventory, less				[
		returns and allowances a	8,419			l	ļ
	Ь	Less: cost of goods sold b	4,000				
	c_	Net income or (loss) from sales of inventory	▶	4,419	8,419		
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a			0			
	b			0		 	ļ
	C			0		ļ	ļ
	d	All other revenue		0		}	ļ
	е 40	Total. Add lines 11a–11d		0		ļ	
	12	Total revenue. See instructions	▶ }	698,700	632,933	\ 0	1 0

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). Do not include amounts reported on lines 6b, (A) Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S See Part IV, line 21. Grants and other assistance to individuals in the U.S. See Part IV, line 22 500 500 Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 0 Compensation of current officers, directors, trustees, and key employees 24,572 15,000 6,000 3,572 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 166.105 161,105 5.000 Pension plan contributions (include section 401(k) and section 403(b) employer contributions). . . 10,700 496 9 Other employee benefits 11,196 10 Payroll taxes 19,143 18,700 443 11 Fees for services (non-employees): Management 1,490 1,490 b Legal 18,170 18,170 С d 0 Professional fundraising services. See Part IV, line 17. 0 e Investment management fees 0 f 51,744 49,744 2,000 12 Advertising and promotion 6,093 3,093 2,000 1.000 Office expenses 3,000 13 3,782 782 358 14 358 15 Royalties 0 6,000 16 168,358 162,358 14,000 17 14,795 795 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . 19 Conferences, conventions, and meetings 2,663 2,000 663 20 28,667 26,667 2.000 21 22 37,076 3,000 Depreciation, depletion, and amortization . . . 34,076 0 23 26,630 25,630 1,000 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) Vehicle Expense/FOOD DIST COST 160,858 160,858 ol Misc. Expense b 952 952 Postage/Printing Expense C 2,023 2,023 BANK FEES 4.078 4,078 **OTHER TAXES & FEES** 3,051 3.051 f All other expenses ASSETS DONATIONED 13,588 13,588 Total functional expenses. Add lines 1 through 24f. 25 765,892 704,070 57,250 4,572 Joint costs. Check here ▶ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Page 11

2 Savings and temporary cash investments		art A	Datance Sheet	(A) Beginning of year		(B) End of year
2 Savings and temporary cash investments.		1	Cash—non-interest-bearing	-6,139	1	-3,497
3 Pledges and grants receivable, net. 4 Accounts receivable, net. 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(f)(3)(8), and contributing employers and sponsoring organizations (as defined under section 4958(f)(1)), persons described in section 4958(f)(3)(8), and contributing employers and sponsoring organizations (see instructions). 7 Notes and loans receivable, net. 9 Prepaid expenses and deferred charges. 10a Land, buildings, and equipment: cost or other basis. Complete Part V io Schedule D 10b 118,803 292,950 10c 322,827 11 Investments—publicy traded securities 1 Investments—publicy traded securities 1 Investments—program-related. See Part IV, line 11. 1 Total assets. See Part IV, line 11. 1 Total assets. See Part IV, line 11. 1 Total assets. Add lines 1 through 15 (must equal line 34). 1 Total assets. Add lines 1 through 15 (must equal line 34). 1 Total assets. Add lines 1 through 15 (must equal line 34). 1 Total assets and loans payable to unrelated third parties. 2 Tax-exempt bond liabilities. 1 Total assets and loans payable to unrelated third parties. 2 Secured mortgages and notes payable to unrelated third parties. 3 Secured mortgages and loans payable to unrelated third parties. 2 Secured mortgages and loans payable to unrelated third parties. 3 Secured mortgages and loans payable to unrelated third parties. 3 Secured mortgages and loans payable to unrelated third parties. 2 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D. 2 Payables to current and former officers, directors, tru		2			2	
4 Accounts receivable, net. 0 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)), persons described in section 4958(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions). 6 7 Notes and loans receivable, net		3		0	3	0
Seceivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		4		0	4	0
Schedule I. 6 Receivables from other disqualified persons (as defined under section 4958(p(1)), persons described in section 4959(p(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations (see instructions). 7 Notes and loans receivable, net. 0 7 7,863		5				
Schedule I. 6 Receivables from other disqualified persons (as defined under section 4958(p(1)), persons described in section 4959(p(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employers and sponsoring organizations (see instructions). 7 Notes and loans receivable, net. 0 7 7,863			employees, and highest compensated employees. Complete Part II of			
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Secured mortgages and notes payable to unrelated third parties 335,180 23 361,275 24 Unsecured notes and loans payable to unrelated third parties 15,500 24 18,100 25 Other liabilities. Complete Part X of Schedule D 13,548 25 40,087 26 Total liabilities. Add lines 17 through 25 364,228 26 473,271 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 103,768 27 36,576 28 Temporarily restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 336,576	ij	;				
Secured mortgages and notes payable to unrelated third parties 335,180 23 361,275 24 Unsecured notes and loans payable to unrelated third parties 15,500 24 18,100 25 Other liabilities. Complete Part X of Schedule D 13,548 25 40,087 26 Total liabilities. Add lines 17 through 25 364,228 26 473,271 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 103,768 27 36,576 28 Temporarily restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 336,576	Ē	~~				
Secured mortgages and notes payable to unrelated third parties	Ë			=	22	
Unsecured notes and loans payable to unrelated third parties		22		335 180		361 275
25 Other liabilities. Complete Part X of Schedule D. 13,548 25 40,087 26 Total liabilities. Add lines 17 through 25 364,228 26 473,271 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 103,768 27 36,576 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 13,576 103,768 25 40,087 364,228 26 473,271 364,228 26 473,271 364,228 26 473,271 364,228 26 473,271 364,228 26 473,271 364,228 26 473,271 364,228 26 473,271 364,228 26 473,271			- · · · · · · · · · · · · · · · · · · ·			
Total liabilities. Add lines 17 through 25		1			_	
Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets						
complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		- 		304,220	-20	473,271
27 Unrestricted net assets	S	1		ĺ		
30,070 33 103,700 33 30,070	S		· · · · · · · · · · · · · · · · · · ·			
30,070 33 103,700 33 30,070	<u>=</u>	i	Unrestricted net assets	103,768		36,576
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30,070 33 103,700 33 30,070	뎔	29	Permanently restricted net assets		29	
30,070 33 103,700 33 30,070	Ī	}	Organizations that do not follow SFAS 117, check here ▶			n
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	Š			103 768	_	36 576

Form :	990 (2010) HOME AND AWAY MINISTRIES	<u> </u>	-015/388	Pag	3e 1Z
Par	XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u> </u>	[\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	_1_		698	,700
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> 765</u>	,892
3	Revenue less expenses. Subtract line 2 from line 1	3		-67	,192
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		103	,768
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	i			
	column (B))	6		36	,576
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				
				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		X
b	Were the organization's financial statements audited by an independent accountant?		. 2b		Х
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both:		.		ĺ
	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 in		-		l
	the Single Audit Act and OMB Circular A-133?		. 3a		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.		3b		
				990	(2010)
					,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ▶See separate instructions. OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Employer Identification number Name of the organization 30-0157388 HOME AND AWAY MINISTRIES 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: ______ An organization operated for the benefit of a college or university owned or operated by a governmental unit described 5 in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) 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). 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 b Type II c Type III-Functionally integrated 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 it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes Nο and (iii) below, the governing body of the supported organization? . 11g(i) A family member of a person described in (i) above? 11g(ii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s) h (ii) EIN (iii) Type of organization (iv) is the organization (i) Name of supported (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? U.S. 2 Yes Yes Yes Nο No (A) 0 (B) 0 (C) 0 (D) 0 (E) 0

Total

Schedule A (Form 990 or 990-EZ) 2010 HOME AND AWAY MINISTRIES 30-0157388 Page 2 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (d) 2009 Calendar year (or fiscal year beginning in) (a) 2006 (b) 2007 (c) 2008 (e) 2010 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 0 Tax revenues levied for the organization's benefit and either paid to or expended on 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . 0 0 0 Total. Add lines 1 through 3. 0 n 0 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. 0 Section B. Total Support (a) 2006 (b) 2007 Calendar year (or fiscal year beginning in) (c) 2008 (d) 2009 (e) 2010 (f) Total 0 7 Amounts from line 4. 0 0 0 0 0 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 0 Net income from unrelated business activities, whether or not the business is regularly carried on 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 0 Total support. Add lines 7 through 10. . 11 0 12 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) Section C. Computation of Public Support Percentage Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 0 00% Public support percentage from 2009 Schedule A, Part II, line 14 15 0.00% 33 1/3% support test-2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box \triangleright 33 1/3% support test-2009. 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 10%-facts-and-circumstances test-2010. 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 10%-facts-and-circumstances test-2009. 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

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

	If the organization fails to qualify ur	nder the tests	listed below,	<u>please compl</u>	ete Part II.)		
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	52,757	120,910	205,768	245,568	58,319	683,322
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an	0		3,700	363,434	628,468	995,602
3	unrelated trade or business under section 513			4,871			4,871
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0					0
5	The value of services or facilities fumished by a governmental unit to the organization without charge	0					0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	52,757	120,910	214,339	609,002	686,787	1,683,795 0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b.	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						1,683,795
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨 📗	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	52,757	120,910	214,339	609,002	686,787	1,683,795
10a	Gross income from interest, dividends, payments received on securities loans,		120,010	2, 1,000			
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				9,225	3,100	<u>12,325</u> 0
11	Add lines 10a and 10b . Net income from unrelated business activities not included in line 10b, whether	0	0	0	9,225	3,100	12,325
12	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)	0					0
13	Total support. (Add lines 9, 10c, 11, and 12).	52,757	120,910	214,339	618,227	689,887	1,696,120
14	First five years. If the Form 990 is for the organization, check this box and stop here						1,000,120
Sec	tion C. Computation of Public Support I	Percentage					
15	Public support percentage for 2010 (line 8, column		13. column (f))		<u>"</u>	15	99 27%
16	Public support percentage from 2009 Schedule A, I		,			16	99.09%
	tion D. Computation of Investment Inco		ge				20.0070
17	Investment income percentage for 2010 (line 10c, o			mn (f)) .		17	0.73%
18	Investment income percentage from 2009 Schedule		•			18	0.91%
19a b	33 1/3% support tests-2010. If the organization di not more than 33 1/3%, check this box and stop he 33 1/3% support tests-2009. If the organization di	id not check the bere. The organiza	oox on line 14, a ation qualifies as	a publicly suppo	rted organizatio	n	►X
	line 18 is not more than 33 1/3%, check this box an						▶□
20	Private foundation. If the organization did not che						▶□

		30-0157388 Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required to	
	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional	information. (See
	instructions).	
	•••••••••••••••••••••••••••••••••••••••	
	•••••••••••••••••••••••••••••••••••••••	
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	•••••••••••••••••••••••••••••••••••••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

20**10**

Open to Public Inspection

Employer identification number Name of the organization HOME AND AWAY MINISTRIES 30-0157388 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 1 2 Aggregate contributions to (during year) 3 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 can 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Protection of natural habitat Preservation of a 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 Tax Year Total number of conservation easements . . . 2a а Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a) 2c C Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 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 Part III 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 (ASC 958), 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 (ASC 958), 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 2 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 (ASC 958) relating to these items. Revenues included in Form 990, Part VIII, line 1

Page	2
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Part	III Organizations Maintaining C	collections of	of Art, H	listoric	al Trea	sures, or C	ther Si	milar Assets (continued)
3	Using the organization's acquisition, ac	cession, and	other red	cords, cl	heck an	y of the follow	wing tha	t are a significar	nt
	use of its collection items (check all that	it apply):							
а	Public exhibition		d		Loan o	or exchange	orogram	S	
b	Scholarly research		е		Other				
С	Preservation for future generation	ns		_					
4	Provide a description of the organization Part XIV.		s and ex	plain ho	w they	further the or	ganizati	on's exempt pur	pose in
5	During the year, did the organization so assets to be sold to raise funds rather								☐ Yes ☐ No
Part									
	IV, line 9, or reported an amo	_	•		•	.2011011 01101	. 0. 00		
	Is the organization an agent, trustee, c					tributions or	other as	sets not	
	included on Form 990, Part X?			•					Yes No
b	If "Yes," explain the arrangement in Pa								
	, ,		•		J			I A	mount
С	Beginning balance						1c		0
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		0
2a	Did the organization include an amoun								Yes X No
	If "Yes," explain the arrangement in Pa		י, ו מונא	, 1116 21	:	• •	•		☐ res [V] wo
Part			nizatio	2004	ered "V	es" to Form	990 F	Part IV line 10	
411	Endownient i dilds: Comple	(a) Current ye	-	(b) Prior y		(c) Two years		(d) Three years back	(e) Four years back
1a	Beginning of year balance	(a) Current yes	0	(0) (110)	,eai	(c) Two years	Dack ,	(d) Three years back	(e) i dei years back
b	Contributions						-		
c	Net investment earnings, gains,							····	
·	and losses		ł		l				
d	Grants or scholarships					 _			
e	Other expenditures for facilities								
•	and programs								
f	Administrative expenses								
	· · · · · · · · · · · · · · · · · · ·				0		0		
g 2	End of year balance L Provide the estimated percentage of the	o year and h		old oo:	<u>이</u>				
	Board designated or quasi-endowment		alance ne						
a b	Permanent endowment	% %		%					
c 3a	Are there endowment funds not in the		the erac	nizatio	a that a	ro hold and a	dmunicte	ared for the	
Ja	organization by:	possession of	uie oiga	arnzado	i tilat ai	ie neio ano a	ullilliste	sieu ioi uie	Yes No
	(i) unrelated organizations								3a(i)
	(ii) related organizations						• •		3a(ii)
b	If "Yes" to 3a(ii), are the related organizations.								3b
4	Describe in Part XIV the intended uses							• • •	30
Part									
rait									
	Description of investment	1 ' '	t or other b vestment)	asis		st or other s (other)		occumulated preciation	(d) Book value
1a	Land	· · <u> </u>		0		0			0
b	Buildings	·		0		0		0	0
C	Leasehold improvements			0		0		0	0
d	Equipment			0		441,630		118,803	322,827
е_	Other			0		0		0	0
Total	. Add lines 1a through 1e (Column (d)	must equal F	orm 990,	Part X,	column	(B), line 10(c).)	•	322,827

Page 3

Part VII	Investments—Other Securitie	s. See Form 990, Part X,	line 12.	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
	derivatives	0		
	eld equity interests	0		
(3) Other		0		
(Ā)		0		
(B)		0		
{C}		0		
(D) (E)		0		
(E)		0		
(G)		0		
(H)		0		
(I)		0		
	must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Relate	ed. See Form 990, Part X	, line 13.	
	a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year n	
	ACT FOR DEED RECEIVABLE - FR	181,185	<u>C</u>	
(2)		0		
	ERGY SECURITY DEPOSIT	1,469	<u>C</u>	_
<u>(4)</u> (5)		0		
(6)		0		
(7)		0		
(8)		0		
(9)		0		, ,,,,
(10)		0		
	must equal Form 990, Part X, col. (B) line 13.)	182,654		
Part IX	Other Assets. See Form 990, I	Part X, line 15.		
	(8	a) Description		(b) Book value
(1)				0
(2)				0
<u>(3)</u> (4)				<u>0</u> 0
(5)			-	0
(6)				0
(7)				0
_(8)				0
(9)			_	0
(10)				0
	mn (b) must equal Form 990, Part X, c		<u> </u>	0
Part X	Other Liabilities. See Form 99	0, Part X, line 25.		
1.	(a) Description of liability	(b) Amount		
	income taxes	0		
(2) CREDIT		31,710		
(3) SALES		1,277		
(5)	LL LIABILITIES	7,100		
(6)		<u>_</u>		
(7)				
(8)		0		
(9)		0		
(10)		0		
(11)		0		1
Total (Column (b)	must equal Form 990, Part X, col (B) line 25)	40,087		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2010 Page 4 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI Total revenue (Form 990, Part VIII, column (A), line 12) 698,700 2 2 Total expenses (Form 990, Part IX, column (A), line 25) 765,892 3 3 Excess or (deficit) for the year. Subtract line 2 from line 1 -67,192 4 4 Net unrealized gains (losses) on investments 5 Investment expenses . . . 6 6 . . . 7 7 Prior period adjustments . . . 8 0 9 10 -67,192 10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9. Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements . . . Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Donated services and use of facilities . . 2c C 2d d Other (Describe in Part XIV.). Add lines 2a through 2d 2e 0 Subtract line 2e from line 1 3 0 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. . . b 4b 0 Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . 5 0 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements . 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . . b Prior year adjustments . 2b c Other losses d Other (Describe in Part XIV.) Add lines 2a through 2d 2e 0 Subtract line 2e from line 1 . . . 3 0 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. . . Add lines 4a and 4b 0 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . 0 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

HOME AND AWAY MINISTRIES 30-0157388 Schedule D (Form 990) 2010 Page 5 Part XIV Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

OMB No 1545-0047

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

30-0157388 **HOME AND AWAY MINISTRIES** Form 990 Part VIII Line 7A PROGRAM ADJUSTED CURRENT DEPRECIATION BY \$1443

Name of the organization	Employer identification number
	30-0157388
	•••••
	••••••
•	

Form 4797

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

► See separate instructions.

OMB No 1545-0184

2010

Attachment

Sequence No 27
Identifying number

<u> HON</u>	<u>ME AND AWAY MINISTF</u>	RIES					<u> 30-0</u>	157388
1	Enter the gross proceeds					099-S		
	(or substitute statement) t						1_1	<u> </u>
Pa		anges of Proper						
	Other Than Ca	sualty or Theft-	-Most Proper	rty Held More)
2	(a) Description	(b) Date acquired	(c) Date sold	(d) Gross	(e) Depreciation allowed or	(f) Cost or othe basis, plus	'	(g) Gain or (loss)
	of property	(mo , day, yr)	(mo , day, yr)	sales price	allowable since	improvements an	ıd	Subtract (f) from the
					acquisition	expense of sale		sum of (d) and (e)
	3 FORD F7000	12/31/2004	3/1/2010	425	8,075	8,5	00	0
200	0 Voyager	9/1/2008	12/31/2010	663	1,337	2,0	00	0
				<u> </u>			4	0
							4	
3	Gain, if any, from Form 46	584, line 42	•			—	3	
4	Section 1231 gain from in	stallment sales from	Form 6252, line 2	6 or 37	•		4	
5	Section 1231 gain or (loss	· ·	-	8824 .			5	
6	Gain, if any, from line 32,		•			<u> </u>	6	500
.7	Combine lines 2 through 6	Enter the gain or (le	oss) here and on	the appropriate li	ne as follows	<u> </u>	7	500
	Partnerships (except elect							
	instructions for Form 1065,	Schedule K, line 10, or	Form 1120S, Sche	dule K, line 9. Skip	lines 8, 9, 11, and	12 below		
	Individuals, partners, S	corporation shareho	olders, and all ot	hers. If line 7 is z	ero or a loss, ente	er the		
	amount from line 7 on line	11 below and skip In	nes 8 and 9 If line	e 7 is a gain and	you did not have a	ny prior year		
	section 1231 losses, or the					term capital		
	gain on the Schedule D fil	ed with your return a	nd skip lines 8, 9,	11, and 12 below	<i>'</i>			
8	Nonrecaptured net section	n 1231 losses from p	nor years (see ins	tructions) .		<u> </u>	8	
9	Subtract line 8 from line 7	If zero or less, enter	r-O- If line 9 is ze	ro enter the gain	from line 7 on line	12 helow	İ	
•	If line 9 is more than zero,						i	
	long-term capital gain on t	the Schedule D filed	with your return (s	ee instructions)			9	0
Pai	t II Ordinary Gain	s and Losses (s	ee instructions	s)				
10	Ordinary gains and losses	not included on line	s 11 through 16 (I	nclude property h	eld 1 year or less)	•		
								0
								0
								0
							\sqcup	
11	Loss, if any, from line 7		•			<u> </u>	1	()
12	Gain, if any, from line 7 or	amount from line 8,	if applicable			· L1	2	
13	Gain, if any, from line 31					ل_ا	3	2,525
14	Net gain or (loss) from Fo	rm 4684, lines 34 and	d 41a .			. <u>L</u> 1	4	
15	Ordinary gain from installr	ment sales from Form	n 6252, line 25 or	36			5	
16	Ordinary gain or (loss) fro	m like-kind exchange	s from Form 8824	1		<u>L</u> 1	6	
17	Combine lines 10 through				•	_	7	2,525
18	For all except individual re			• • • •	line of your return	and skip		
_	lines a and b below For in	•	•		–			
а	If the loss on line 11 includes							
	of the loss from income-produ			•	• •	·	ا ــ	-
b	used as an employee on Sche		•	•			8a	
	RECEIPTION OF CAID OF COSS	LOLIMIE I / EXCIDIDIDO IRI	E KISS ILAUV OO MOR	LOW EDIEL DELG 304	IOO POOD IIVII JIDA	14 17	an i	UI.

Fòrm 4797 (2010) **HOME AND AWAY MINISTRIES 30-0157388** Page 2 Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 Part III (see instructions) (b) Date acquired (c) Date sold 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property (mo, day, yr) (mo, day, yr) 7/16/2008 10/10/2010 A 2001 Oldmobile Velero 10/1/2005 B 95 FORD E150 CARGO 10/12/2010 C D Property C Property D Property A Property B These columns relate to the properties on lines 19A through 19D. 20 Gross sales price (Note: See line 1 before completing.). . 20 769 2,500 21 Cost or other basis plus expense of sale 21 3,000 2,250 22 Depreciation (or depletion) allowed or allowable 22 2,006 23 250 Adjusted basis. Subtract line 22 from line 21 23 0 24 Total gain Subtract line 23 from line 20 24 2.506 519 If section 1245 property: 2,250 a Depreciation allowed or allowable from line 22 25a 2,006 b Enter the smaller of line 24 or 25a 25b 2,006 519 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291 a Additional depreciation after 1975 (see instructions) 26a b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions) 26b c Subtract line 26a from line 24 If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e 0 26c d Additional depreciation after 1969 and before 1976 26d 0 0 0 e Enter the smaller of line 26c or 26d 26e f Section 291 amount (corporations only). 26f 0 0 0 g Add lines 26b, 26e, and 26f 26g If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership) a Soil, water, and land clearing expenses 27a 0 0 b Line 27a multiplied by applicable percentage (see instructions) 0 0 27b 0 c Enter the smaller of line 24 or 27b 27c 0 0 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions) 28a 0 b Enter the smaller of line 24 or 28a 28b Λ n If section 1255 property: a Applicable percentage of payments excluded from income under section 126 (see instructions) 29a b Enter the smaller of line 24 or 29a (see instructions) 29b 0 Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. 30 Total gains for all properties Add property columns A through D, line 24 3.025 30 31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13 31 2,525 Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 36. Enter the portion from other than casualty or theft on Form 4797, line 6. 500 Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less Part IV (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years .	33		
34	Recomputed depreciation (see instructions)	34		
35	Recapture amount Subtract line 34 from line 33. See the instructions for where to report	35	0	0

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Attachment Sequence No 67

Form 4562 (2010)

Identifying number Business or activity to which this form relates Name(s) shown on return 30-0157388 **HOME AND AWAY MINISTRIES** 990 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 500,000 2 68,100 2 Total cost of section 179 property placed in service (see instructions) 3 2,000,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 500.000 separately, see instructions . 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 8 0 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 0 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562. 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11. . . 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election. 15 16 Other depreciation (including ACRS) 1,976 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2010 . . . 17 13.522 18 If you are electing to group any assets placed in service during the tax year into one or more Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery year placed (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction period in service only-see instructions) 19 a_ 3-year property 17,100 MQ 200DB 5,185 **b** 5-year property 5 c 7-year property 6,000 MQ 200DB 214 d 10-year property e 15-year property 2,628 15 MQ S/L f 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L 27.5 yrs. ММ S/L property i Nonresidential real MM S/L 39 yrs. property MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20 a Class life **b** 12-year 12 yrs. S/L c 40-year S/L 40 yrs. Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 . . . 21 17,600 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions . 38,519 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice, see separate instructions.

30-0157388 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

	Olly 24a	1, 240, COIUIT	iris (a) (nrougn (0 01 36	CUOITA	all UI S	ecaon L	o, anu	Section	C II ap	uiicapie	.			
	Section A-E	Depreciation	and Other Info	rmatio	n (Caut	ion: Se	e the in	struction	ons for l	imits fo	passe	nger a	utomob	iles)	
24a	Do you have evidence	to support the	business/investmer	nt use clai	imed? [Yes	No	2	4b If "Y	es," is th	e evide	nce writ	ten?	Yes [No
	(a)	(b)	(c)	(0	1)		(e)		(f)	(2)	(1	n)	(i)
	Type of property	Date placed	Business/ investment use	Cost or ot	her basis		depreciatio / investmei		ecovery	Met	nod/	Depre	ciation	Elected se	ction 179
	(list vehicles first)	in service	percentage				e only)		period	Conve	ention	dedu	iction	co	st
25	Special depreciation		•					•							
	the tax year and u					use (see	instruc	tions)	<u> </u>		25			<u></u>	
26_	Property used mor	re than 50%			use:										
			%							<u> </u>					
		<u> </u>	%							<u> </u>			17.000		
	statement 500	(%	<u> </u>						<u> </u>			17,600		
_21	Property used 50%	<u>6 or iess in a</u> I	qualified busine		 1			\neg		S/L -					
		 	%	+				+		S/L -	-			1	!
			%					\dashv		S/L -				l	
28	Add amounts in co	lump (h) line			here a	nd on lin	e 21 n	ane 1		3/L -	28		17,600	ĺ	
29	Add amounts in co		_				ic 21, p	age i	•	• 1			29		0
	7 lod dillodillo ili oc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ation or	ı Use o	f Vehi	cles	 -	 -				
Comp	lete this section for ve	hicles used by								ed nerso	n Ifvoi	nrovide	ed vehicl	les to	
	mployees, first answe												JG 101C.	00.0	
				(6	3)	(b)		(c)	(6	1)	(e)	(1	n
30	Total business/inves	tment miles dr	iven dunng	Vehi		Vehic	-		nicle 3	Vehi	-		cle 5	Vehic	
	the year (do not incl	ude commutin	g miles)	See St	mnt					<u> </u>				L	
31	Total commuting mile	es driven durir	ng the year												
32	Total other personal	(noncommutin	ng)		i										
	miles driven														
33	Total miles driven du	ıпng the year			ľ										
	Add lines 30 through			L						<u> </u>		ļ		<u> </u>	
34	Was the vehicle avai	•	onal use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours								├						
35	Was the vehicle used		a more than						ĺ	ļ					
26	5% owner or related	•							┼						
<u> 36</u>	Is another vehicle av				- 10/h	o Brovi	do Vale			L The					
Λοοιι	er these questions		Questions for E												
	ot more than 5% or					mhiemi	3 Secur	טו ם ווו	venicie	es asea	by em	pioyee:	2 MIIO		
37						use of ve	hicles i	ocludio	d commi	utino.			_	Yes	No
•	by your employees?	. mon poncy on	atomont that prom	10110 U.I. P	oroonar	450 01 10	indica, ii	i loid diri	g comme	zurig,				103	
38	Do you maintain a w	ritten policy sta	atement that prohi	ibits pers	sonal use	e of vehic	des. exc	ept con	nmutina.	by your	emplov	ees?			
	See the instructions									.,,					l
39	Do you treat all use of	of vehicles by	employees as per	sonal us	e?										
40	Do you provide more	than five veh	cles to your empl	oyees, o	btain info	ormation	from you	ır empl	oyees at	out					
	the use of the vehicle	es, and retain	the information re	ceived?											<u> </u>
41	Do you meet the requ														
	Note: If your answer	to 37, 38, 39,	40, or 41 is "Yes,	" do not	complete	Section	B for th	e cover	red vehic	les					
<u>Part</u>	VI Amortiz	ation		,		 									
		(a)		İ	(b)		(c)		1 6	d)	!	(e) Amortizatio	_	(1	n)
	Descnp	tion of costs			mortizatio	n Amo	ortizable a	mount	Code	section		period or		Amortization	for this year
				<u> </u>	egins	Щ.						percentage	9	<u> </u>	<u></u>
42	Amortization of cos	sts that begir	ns during your 2	010 tax	year (s	ee instri	uctions)	<u>:</u>							
				 					 						
42	Amortization of an	nto that har-	n hafara waxa Ci	240.4=:					Щ.					 	
43	Amortization of cos											•	43		
44	Total. Add amoun	re in commu	(i). See the mst	ucuons	ioi wne	ere to re	port .		· · · · ·	<u> </u>	<u> </u>	·	44	Form 456	0
														-0m 456	つ つの1の

Minnesota State Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions. ► Attach to your tax return.

Attachment Sequence No. 67

Identifying number Name(s) shown on return Business or activity to which this form relates 30-0157388 **HOME AND AWAY MINISTRIES** 990 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 25,000 2 2 Total cost of section 179 property placed in service (see instructions). 70.728 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 200.000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 0 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 25,000 (c) Elected cost 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 . . . 8 0 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 0 9 Tentative deduction. Enter the smaller of line 5 or line 8 . 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562. 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions). 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11. 0 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions). . 14 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 1,976 MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2010. 17 13,861 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction period ın service only-see instructions) 3-year property 200DB 17,100 MQ 5,185 5-year property 5 200DB c 7-year property 6,000 MQ d 10-year property MQ e 15-year property 2,628 15 SL f 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L 27.5 yrs property ММ S/L i Nonresidential real 39 yrs. MM MM S/L property Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20 a Class life b 12-year 12 yrs S/L c 40-year S/L 40 yrs Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 17,600 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 38,858 23 For assets shown above and placed in service during the current year, enter the portion

of the basis attributable to section 263A costs

Minnesota State Form 4562 (2010) HOME AND AWAY MINISTRIES 30-0157388 Page 2 Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for Part V entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes 24b If "Yes," is the evidence written? Yes No No (a) (i) Basis for depreciation Type of property Date placed Recovery Method/ Depreciation Elected section 179 Cost or other basis (business/ investment investment use Convention deduction (list vehicles first) ın service use only) period cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 26 Property used more than 50% in a qualified business use: % % See statement % 17,600 27 Property used 50% or less in a qualified business use: % S/L -% S/L -% S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 17.600 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 0 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (d) (e) (f) (a) (b) (c) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during See Stmnt the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes Yes Yes Yes No No Yes Nο Yes No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, Yes No by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? . 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?

41	Note: If your answer to 37, 38, 39, 40, or 41 is						
Part	VI Amortization						
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortizati penod or percentag	7	(f) Amortization for this year
42	Amortization of costs that begins during y	our 2010 tax year (see	instructions)		•		
43	Amortization of costs that began before ye	our 2010 tax year .	<u> </u>	L		43	
44	Total. Add amounts in column (f). See the	e instructions for where	to report	<u> </u>	. <u>.</u>	44	0

Use of Vehicles (4562 Part V, Section B) - 990

		Business	Commuting	Other	Total	1	l Use Off ty?		han 5% ner?	Į.	r vehicle or use?
	Vehicle Description	Miles	Miles	Miles	Miles	Y	N	<u>Y</u>	N	Υ	N
1	1992 Great Dane	100		0	100		X		X	X	
2	1997 CHEVY CUB VAN	169		0	169		_X		X	X	
3	1999 CADILLAC - DONA	0		o	0		Х		X	X	
4	2000 Voyager	8,321		O	8,321		Х		X	X	
5	2001 Oldmobile Velero	0		0							
6	2004 IH Eagle Truck	150		0	150		Х		Х	X	
7	2004 Town & Country	1		0	1		Х		Х	X_	
8	3 DODGE VANS	56,087		0	56,087		Х		Х	X	
9	79 FORD F250	1		0	1		Х		Х	Х	
10	93 FORD CLUB WAG	150		0	150		X		X	X	
11	94 FORD CLUB WAG	125		0	125		X		Х	X	
12	95 FORD E150 CARGO	17,543		0	17,543		_ X		Х	X	
13	95 International Truck	17,540		0	17,540		X		X	X	

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Form 4562 Statement - 990	ment - 990												12/	12/31/2010		
Item Description of	Date Placed	Asset	et Bus Use	L	Cost or	Sec 179	Credit	Special	Salvade	Recovery	Recovery	Method	Ġ	Prior Accum	2010	2010
No Property	In Service	Code			Other	Deduction		Allowance	Value	Basis	Penod		vention	Deprec, 179. Bonus	Deprec	Accum
8 1993 FORD F7000	12/31/2004	┨.	┨`			0	0	0		8,500	2	ร	÷	7,650	425	8,075
	1/1/2005	- L	•	%	8	0 (0	0		009	~ 1	ದ ಕ	<u></u>	430	98 9	516
2 FEETVING	6/30/2003		100.00%	%0	000	> c	-	-		000	~ ^	ส ฮ	= =	355	2 8	310
	9/1/2005		•	% 2 2	900	o c	.			900	- ^	d 0.	È	285	57	342
26 OFFICE FURNITURE				% 2 %	4.000	0	• •	•		4,000	. ~	ಕ ಹ	MQ2	1,499	571	2,070
			•	%0	400	0	0			400	S	ಸ	MQ2	210	80	290
	RS 8/1/2007			%0	825	0	0	0		825	3	ร	MQ3	392	165	221
			•	%0 0	1,500	0	0	0		1,500	7	ಜ	MQ4	455	214	699
			•	%0	200	0	0	0		200	7	S S	₩Q	151	71	222
	10/1/2007	_	•	%0	450	0	0	0		450	_	ಶ :	₹	136	2	200
			•	%0	200	0	0	0		200	S)	ਲ ਹ	MO S	82	04 :	125
	œ	_	•	%0	325	0	0	0	•	325	~ ;	S	δ 2	86 6	9 5	144
	_			%0	220,000	0	0	0	0	220,000		SUGDS	<u> </u>	25,320	5,641	106,05
				%Q-	12,550	0	0	0	0	12,550	15	SL/GDS	£ §	3,697	83,	4,034
				%0	24,000	0	0	0	0	24,000		SUGDS	Š	3,400	009'L	000,4
<u>.</u>	•			%0	4,424	0	0		0	4,424		SUGDS	Σ	81.	113	152
33 1989 MCI Coach Bus			-	%0	15,600	0	0		0	15,600		200DB	È∶	3,120	4,992	8,112
36 Improvements	11/30/2009		•	%O ₁	10,173	0	0	2,087	0	5,086	•	SL/GDS	È	5,257	339	5,596
	3/23/2010		•	%0,	13,100	0	0	0	0	13,100		200DB	ğ	0	4,585	4,585
	7/13/2010		•	%0,	4,000	0	0	0	0	4,000	S	200DB	MQ3	0	009	009
39 FORKLIFT	10/10/2010	_	•	% 0.	9,000	0	0	0	0	9'000	7	200DB	₹	0	214	214
38 IMPROVEMENTS	10/10/2010		, 100 00%	%0	2,628	0	0	0	0	2,628	15	SUGDS	MQ 4	0	22	22
Listed Property																
Listed property with more than 50% business use (Line 25 and 26)	than 50% busin	ess use	(Line 25	i and 26)												
34 1992 Great Dane	7/1/2009	7-7	100.00%	% 0	14,500	0	0	0	0	14,500		200DB	È	2,900	4,640	7,540
			•-	%0	4,500	0	0			4,500		ซ	÷	4,275	225	4,500
	_		_	%	3,000	0	0	0	0	3,000		200DB	MQ 4	0	150	150
		<u>۲</u> -5	•	% 0	2,000	0	0		0	2,000		200DB	MQ3	980	357	1,337
28 2001 Oldmobile Velero	-		•	%	3,000	0	0		0	3,000		200DB	MQ3	1,470	536	2,006
			•	%°	18,000	0	0		0	000,81		20008	Ě	090'6	006,4	006'
				%	8,150	0	0		0	8,150		20008	ž ;	3,505	000,	200
	10/10/2010			%	42.000	0	o		o	42,000		2000	Ž :	0 00	2,76	2,100
			•	%0	2,500	0	0			2,500		بر م	Ė	094'7	3 5	7,000
				%0	4,500	0 (-			4,500		ส ฮ	<u> </u>	3,730	420	4,400
				% 2	3,900	-	> (008,8		ส ฮ	<u> </u>	2,730	967	0.00
				%6	2,500	-	5 (•	2,500		3000	<u></u>	2,123	070 +	2,230
29 95 international ruck	4/9/2008		100 00%	%00	60.	-	-		>	601,		97007	2 5	3,300	160	620
5 TOSHIBA COMPLITER		1 7	•	% 2°	86	0 0	oc	0 0		1.000	מס	ಕ ಹ	È	1,000	0	1,000
				2)	•	•	,					,	.		
Total listed prop with > 50% business use	ı > 50% business	esn			117,455	0	0	0	0	117,455				32,623	17,600	50,223
Subtotal Listed Property	Dronerty				117 455	0		C	0	117 455			•	32.623	17.600	50.223
	frinds, i				201	, 	7		,				1			

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Form 4562 Statement Minnesota State - 990	Statemen	t Minnes	ota	tate - 99	0								12	12/31/2010	!		
Item Desc	Description of	Date Placed	Asset	Bus Use	Cost or	Sec 179	Credit	Special	Salvade	Recovery	Recovery	v Method	ځ	Pror Accum	2010	2010	Special
oN —	Property	In Service		*	Other	Deduction		Allowance	Value	Basis	Period			Deprec,	Deprec	Accum	Allowance
8 1993 FORD F7000) F7000	12/31/2004	4	100 00%		0	0	0		8,500	2	รั	₹	7,650	425	8,075	0
1 PALLET JACKS	CKS	1/1/2005	F-10	100 00%	009	0	0	0	0			ช	¥	430	98	516	0
4 SHELVING		6/30/2005	Ξ	100 00%	900	0	0	0	0		_	ช	Ì	430	86	516	0
	"	9/1/2005	F-10	100 00%	200	0	0	0	0		_	ช	¥	355	7	426	0
	ATORS	9/1/2005	F-10	100 00%	400	0	0	0	0		_	ช	È	285	57	342	0
_	IRNITURE	4/1/2007	7	100 00%	4,000	0	0	0	0	4		ช	MQ2	1,499	571	2,070	0
	INTERS	6/1/2007	9	100.00%	400	0	0	0	0		5	ช	MQ2	210	80	290	0
	KYOCERA PRINTERS	8/1/2007	F-6	100 00%	825	0	0	0	0			ช	MQ3	392	165	222	0
	JRKLIFT	10/1/2007	F-10	100 00%	1,500	0	0	0	0	-		정	M 24	455	214	699	0
	ELECTRIC PALLET JACI	10/1/2007	F-10	100 00%	200	0	0	0	0		7	ช	Š	151	7	222	0
	OOLER	10/1/2007	다.	100 00%	420	0	0	0	0			ช	M Q	136	64	200	0
		10/1/2007	F-5	100.00%	200	0	0	0	0		2	ช	Σ δ	82	40	125	0
	FORKLIFT CHARGER	11/1/2007	F-10	100 00%	325	0	0	0	0			ซี		86	46	<u>4</u>	0
	IND AVE	6/30/2005	R-5	100 00%	220,000	0	0	0	0	CV		SUGDS		25,320	5,641	30,961	0
		7/20/2005	R-7	100 00%	12,550	0	0	0	0			SUGDS		3,697	837	4,534	0
	NEW ROOF FOR BUILDI	11/1/2007	R-7	100.00%	24,000	0	0	0	0	24,000		SUGDS		3,400	1,600	2,000	0
15B Refi Closing Costs) Costs	12/15/2008	ę,	100 00%	4,424	0	0	0	0			SUGDS		118	113	231	0
33 1989 MCI Coach Bus	Soach Bus	4/15/2009	V-10	100.00%	15,600	0	0	0	0	•		200DB		3.120	4.992	8.112	•
36 Improvements	nts	11/30/2009	R-7	100 00%	10,173	0	0	0	. 0			SUGDS		339	678	1.017	5.087
40 PACKER		3/23/2010	>	100 00%	13.100	0	0	0	. 0			200DB		0	4.585	4.585	0
41 2002 TNT TRUCK	'RUCK	7/13/2010	>	100 00%	4,000	0	0		·C			200DB	NO.		909	009	0
39 FORKLIFT		10/10/2010	F-10	100 00%	9000							2000B	N C	· C	214	214	
38 IMPROVEMENTS	1ENTS	10/10/2010	R-7	100 00%	2,628	0	0	0	. 0		. 12	SUGDS	Š	• •	22	22	. 0
listed Property	2						•	•	•	Ī					ł	}	ı
	*																
sted	ith more than	50% busines) esn s	Line 25 and 2													
	Dane	7/1/2009	^- -7	100 00%	14,500	0	0	0	0	_		200DB	¥	2,900	4,640	7,540	0
	1997 CHEVY CUB VAN	10/1/2004	/- 7	100 00%	4,500	0	0	0	0			ร	Ì	4,275	225	4,500	0
•	1999 CADILLAC - DONA	12/15/2010	, ,	100 00%	3,000	0	0	0	0			200DB	∑	0	150	150	0
		9/1/2008	ب ا جا	100 00%	2,000	0	0	0	0		-	200DB	MO3	980	357	1,337	0
	2001 Oldmobile Velero	7/16/2008	φ : > :	100 00%	3,000	0	0	0	0			200DB	W W	1,470	536	2,006	0
35 2004 IH Eagle Truck	gle Truck	7/2/2009	/- /	100.00%	18,000	0	0	0	0	_		200DB	¥	3,060	4,900	2,960	0
	& Country	12/1/2008	ç- -2	100 00%	8,150	0	0	0	0			200DB	Š	3,505	1,858	5,363	0
	ANS	10/10/2010	φ >	100.00%	42,000	0	0	0	0	7		200DB	Š	0	2,100	2,100	0
	250	7/1/2004	/- /	100 00%	2,500	0	0	0	0			ᅜ	¥	2,460	40	2,500	0
	LUB WAG	11/1/2005	/- /	100 00%	4,500	0	0	0	0			ช	¥	3,750	450	4,200	0
	LUB WAG	6/1/2006	٧-7	100 00%	3,900	0	0	0	0		ιΩ	성	¥	2,730	780	3,510	0
	95 FORD E150 CARGO	10/1/2005	٧-7	100 00%	2,500	0	0	0	0			ช	È	2,125	125	2,250	0
	onal Truck	4/9/2008	/- /	100.00%	7,105	0	0	0	0	7		200DB	MQ2	3,908	1,279	5,187	0
22 HP COMPUTER	TER	1/1/2007	7	100 00%	800	0	0	0	0			ದ	ğ	460	160	620	0
	TOSHIBA COMPUTER	8/1/2005	<u>T</u>	100 00%	1,000	0	0	0	0	1,000	-	ದ	È	1,000	0	1,000	0
Total listed	Total listed prop with > 50% business use	, business us	ø	1	117.455	0	0	0	0	117.455				32.623	17,600	50.223	0
				1													
Subtotal	Subtotal Listed Property	serty			117,455	0	0	0	0	117,455				32,623	17,600	50,223	0

HOME AND AWAY MINISTRIES

Elections

Election to NOT claim first-year special depreciation - All Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all depreciable property placed in service during the current tax year.