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DLN: 93493300007001

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form **990**

B Che	eck if app	plicable	alendar year, or tax year beginning 07-01-2010 and ending 06-30-201 C Name of organization Home Sweet Home Ministries Inc	L1		•	dentification number
_	tress cha	-	Doing Business As		37-0	692	350
_	me chang				E Telep	hone	number
_	nal return minated	n	Number and street (or P O box if mail is not delivered to street address) 303 E Oakland Ave				
	ended re olication p		City or town, state or country, and ZIP + 4 Bloomington, IL 61701		G Gross	receip	ots \$ 3,162,130
			F Name and address of principal officer Mary Ann Pullin		Is this a group return Are all affiliates inc		ates [?]
r Ta	x-exemp	nt status	▼ 501(c)(3)	H(c)	If "No," attach Group exempt		t (see instructions) umber ►
				-			
			w hshministries org	<u> </u>		-	
	n of orga rt I		Corporation Trust Association Other ►	L Yea	ir of formation 19	23	M State of legal domicile IL
Activities & Governance	1 B	rıefly de	escribe the organization's mission or most significant activities sion of Home Sweet Home Ministries is to serve Christ by providing for	od shelte	r and hope to th	ne hu	ngry homeless and
ş	2 C	heck th	his box দ if the organization discontinued its operations or disposed	of more t	han 25% of its	net a	assets
್ ×ರ	3 N	umber	of voting members of the governing body (Part VI, line 1a)			3	9
<u>%</u>	4 N	umber	of independent voting members of the governing body (Part VI, line 1b)	[4	Ġ
1	5 T	otal nur	mber of individuals employed in calendar year 2010 (Part V, line 2a)		ļ	5	80
ទុ			mber of volunteers (estimate if necessary)			6	961
			related business revenue from Part VIII, column (C), line 12			7a	16,801
	b N	et unre	elated business taxable income from Form 990-T, line 34			7b	0
					Prior Year	0.5.5	Current Year
<u>o</u>	8		butions and grants (Part VIII, line 1h)	•	1,409,0	_	2,203,705
Revenu	9		am service revenue (Part VIII, line 2g)		903,4	886,835	
改	10 11		tment income (Part VIII, column (A), lines 3, 4, and 7d) revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	12,5	484	6,324
	12		revenue—add lines 8 through 11 (must equal Part VIII, column (A), lir	ne 🖳	12,:	307	10,333
					2,331,	542	3,107,219
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1-3)		22,9	956	8,656
	14		its paid to or for members (Part IX, column (A), line 4)				С
88	15	Salarıe 10)	es, other compensation, employee benefits (Part IX, column (A), lines	5 –	1,468,3	301	1,514,645
Expenses	16a	•	ssional fundraising fees (Part IX, column (A), line 11e)		27,0	_	27,000
Ě	ь	Total fu	indraising expenses (Part IX, column (D), line 25) ▶258,016				·
ш	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		782,0	077	821,732
	18		expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,300,3	_	2,372,033
	19	Reven	ue less expenses Subtract line 18 from line 12		31,2	208	735,186
Net Assets or Fund Balances				Beg	inning of Curre Year	nt	End of Year
18.00 18.00	20		assets (Part X, line 16)		1,792,7	727	2,434,677
and Tage	21		liabilities (Part X, line 26)		233,0		132,702
	22		ssets or fund balances Subtract line 21 from line 20		1,559,6	640	2,301,975
Undei knowl knowl	ledge ar ledge.	ies of pend belief	erjury, I declare that I have examined this return, including accompanying set, it is true, correct, and complete. Declaration of preparer (other than office				
Sign Here		Mary	Ann Pullin Chief Executive e or print name and title		Date		
		rint/Type	Lon Colmi	Date	Check if sel		PTIN
Paid		reparer's Irm's nar	s name Lori Salmi Lori Salmi Zime Phillips Salmi & Associates LLC	2011-10-25	employed I	<u> </u>	Firm's EIN
Prepa	1 -	irm's add	dress 112 S Main St				
Use (Only		Washington, IL 61571 ss this return with the preparer shown above? (see instructions)				Phone no ► (309) 444- 4909 ✓ Yes ✓ No

1 0111	1330 (2010)					raye.
Par			ice Accomplishmen ponse to any question in t			.୮
1	Briefly describe the	organızatıon's mıssıor	1			
<u>The</u>	mission of Home Swee	t Home Ministries is t	o serve Christ by providi	ng food shelter and hope to th	ne hungry homeless and	hurting
2	=		ant program services dur	ing the year which were not l	sted on ┌ Yes ┌ !	No
	If "Yes," describe the	ese new services on S	chedule O			
3		cease conducting, or		ın how it conducts, any prog	ram ⊤Yes ▽ ∣	No
	If "Yes," describe the	ese changes on Sched	ule O			
4	Section 501(c)(3) ar	nd 501(c)(4) organiza	tions and section 4947(a	ntion's three largest program)(1) trusts are required to rej ch program service reported		s and
4a	(Code) (Expenses \$	276,058 including g	rants of \$) (Revenue \$)
	this year 14 increase ov and are prepared by tra restauran t donations In	er the prior year to residen lined and licensed staff Volu	its of the Center as well as tho inteers are frequently used to l	y Shelper Center which prepares an se who walk-in from the street All help serve meals A large portion of weet Home Ministries provides eme	meals are well-balanced mee food served comes from indiv	t USDA guidelines vidual and
	(Code) (Expenses \$	478,772 including g	rants of \$) (Revenue \$)
	reserved for Veterans TI management and Christ	here are separate rooms fo tian ministry During a short	r families with children In addit -term stay individuals and fam	tial care program within the Billy Sh ion t o meals residents at the cente illes are matched with a case mana ed more than 30000 nights of shelt	r receive toiletries showers cl ger who assists in many area	othing case is including housin
	(Code) (Expenses \$	179,345 including g	rants of \$) (Revenue \$)
	spiritual and therapeutic address the specific issu	services that will facilitate les that each individual nee	and promote meaningful life tr ds to address in order to gain t	of Home Sweet Home Ministries wit an sformation Each individuals expe the ability to live independently Pro- rice and spiritual development oppo	erience in the Threshold Progr gram components include curi	am is tailored to
4d	Other program serv	rices (Describe in Sch	nedule O) See also Addit	ional Data for Description		
	(Expenses \$	· ·	luding grants of \$) (Revenue \$	873,091)
4e	Total program servi	ice expenses►\$	1,755,850			
						222 (224

Part IV	Checklist	of Rea	uired	Schedule	es

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	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, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes,"</i> complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
3	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			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
h	return			
_		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		l N
b	,			
	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		N
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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 and	7a		N
_	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		N
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
_	contract?	7e		N
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		l N
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	79		<u> </u>
	Form 1098-C?	7h	Yes	
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	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		
)	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
;	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	43.		
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	1		
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N (
4	If "Vac " has it filed a Form 720 to report these nayments? If "No " provide an explanation in Schodule O	1/16	i	ı

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

	question in this Part VI					

Se	ection A. Governing Body and Management			
			Yes	No
4				
1a	Enter the number of voting members of the governing body at the end of the tax year			
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 any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
10-	Describes an accordance have been been been been as officers.	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	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 with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
12	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website V Upon request
 - Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 Mary Ann Pullin

303 E Oakland Ave Bloomington, IL 61701

(309) 828-7356

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- ◆ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organiza	ation nor any rel	ated or	ganız	atıo	n coi	mpens	ate	d any current office	r, dırector, or trust	e e
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) Bruce Tompkins President	80	х						0	0	0
(2) David Jones Board Member	40	х						0	0	0
(3) Ellen Bourne Board Member	40	х						0	0	0
(4) Kristin Givens Board Member	40	х						0	0	0
(5) Phil Sauder Board Member	40	х						0	0	0
(6) R Scott Hamilton Board Member	40	х						0	0	0
(7) Ron Moore Vice President	40	х						0	0	0
(8) Russell March Board Member	40	х						0	0	0
(9) William Hertter SecretaryTreasurer	40	х						0	0	0
(10) Mary Ann Pullin CEO	45 00			Х		х		83,941	0	19,747
(11) Steven D Darst VP of Finance & Technology	45 00			х				77,359	0	31,045

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

	(A) Name and Title	(B) A verage hours	I	((tion (che		II		(D) Reportable compensation	(E) Reportable compensation	ן ר	(F) Estima amount of	ted fother
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)		compens from t organizati relate organiza	he on and ed
1b	Sub Tatal							<u> </u>			_		
	Sub-Total						<u> </u>				\dashv		
d								 -	161,300		0		50,792
2	Total number of individuals (incli \$100,000 in reportable compens					ted	above) who	received more thai	า	,		
												Yes	No
3	Did the organization list any form on line 1a? <i>If "Yes," complete Sch</i>						mploy •	ee, o	r highest compensa	ted employee	3		No
4	For any individual listed on line 1 organization and related organization and related organization.										_		N.
5	Did any person listed on line 1a	receive or accri		• nanc=	tion	fron	n anv	• unrel	ated organization o	rundividual for	4		N o
•	services rendered to the organiz										5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Russ Reid Company 2 North Lake Avenue Pasadena, CA 91101	Mail Fundraising	182,226
Wm Masters Inc 401 Olympia Drive Bloomington, IL 61704	Electrical HVAC	141,455

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►2

Form 9							Pa	age 9
Part \	<u> </u>	Statement of Reven	ue		(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated business	Revenue
						exempt	revenue	excluded
						function		from tax
						revenue		under
								sections
								512,
								513, or 514
\$ \$	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	ь	Membership dues	. 1b					
s, g	С	Fundraising events	1c					
無った	d	Related organizations	. 1d					
<u>₹</u>		Government grants (contributions)		121,864				
ioi S				2,081,841				
5 €	_	All other contributions, gifts, grants similar amounts not included above	e —					
펄	g	Noncash contributions included in li	nes 1a-1f \$	94,662				
လူမှု	h	Total. Add lines 1a-1f	in a la la la la Prima Prima de la		2,203,705			
- an				Business Code				
Ken	2a	Sales to the Public		453000	873,091	873,091		
<u>æ</u>	b	THP Program Fees		900099	1,215	1,215		
160	С	Program Utilities		900099	227	227		
<u> </u>	d			900099	60			
Ē	e			900099	12,242	12,242		
∑ 25	•	All other program service re-	venue					
_ <u>&</u> _	g	Total. Add lines 2a-2f	 		886,835			
	3	Investment income (includin	ng dividends, interest					
		and other similar amounts)			3,201			3,201
	4	Income from investment of tax-ex						
	5	Royalties		(v) P = == = =				
	63	Gross Rents	(ı) Real	(II) Personal				
	b	·						
	_	expenses Rental income						
		or (loss)						
	d	Net rental income or (loss)		1				
	7a	Gross amount	(ı) Securities 40,993	(II) O ther 400				
	/ 4	from sales of assets other	,					
	_	than inventory	25.500	2.532				
	ь	Less cost or other basis and	35,698	2,572				
	c	sales expenses Gain or (loss)	5,295	-2,172				
	d	Net gain or (loss)			3,123			3,123
<u> </u>		Gross income from fundraisi						
듄		(not including						
è.		\$ of contributions reported on	line 1c)					
<u>.</u>		See Part IV, line 18						
ţ			a					
0		Less direct expenses . Net income or (loss) from fur						
			ctivities See Part IV, line 19 . a					
				ь				
		Net income or (loss) from ga		L				
		■ Gross sales of inventory, les						
		returns and allowances .						
	L	Less cost of goods sold .	a	33,442				
		Net income or (loss) from sa		16,641	16,801		16,801	
	_	Miscellaneous Revenue		Business Code	,		,	
	11a	Misc		453000	-6,446			-6,446
	Ŀ							
		All other revenue	<u> </u>					
Other Revenue Program Service Revenue		• Total. Add lines 11a-11d						
			•		-6,446			
	12	Total revenue. See Instructi	ons		3 107 210	996 925	16 801	122

	990 (2010)				Page 10
Par	IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations mus ll other organizations must complete column (A) but are not required to c	-		(D)	
Do no	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
/b, 8i	p, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	8,656	8,656		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	212,092		180,601	31,491
6	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	1,096,870	1,033,153	63,717	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,927	7,701	1,226	
9	Other employee benefits	109,379	104,277	5,102	
10	Payroll taxes	87,377	80,794	6,583	
а	Fees for services (non-employees) Management				
ь	Legal				
c	Accounting	15,000		15,000	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	27,000			27,000
f	Investment management fees	1,144		1,144	· · · · · · · · · · · · · · · · · · ·
g	Other	25,287	8,950	 	14,562
12	Advertising and promotion	11,031	11,031	·	· · · · · · · · · · · · · · · · · · ·
13	Office expenses	38,815	22,870	14,396	1,549
14	Information technology	29,680	3,298	 	1,534
15	Royalties		,		
16	Occupancy	159,330	143,403	15,145	782
17	Travel	1,708	1,453	 	2
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,7.00	2,133	255	
19	Conferences, conventions, and meetings				
20	Interest	4,347	1,203	3,144	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	111,753	95,747	15,742	264
23	Insurance	3,511		3,511	
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)				
а	Fundraising postage & supp	180,677			180,677
b	Supplies	131,943	131,506	377	60
c	Maintenance	44,414	42,353	1,984	77
d	Furniture & Equipment	22,044	21,790	239	15
е	Vehicles	17,647	17,647		
f	All other expenses	23,401	20,018	3,380	3
25	Total functional expenses. Add lines 1 through 24f	2,372,033		·	258,016
26	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				

Part X Balance Sheet (B) (A) Beginning of year End of year 122,267 79.182 1 Cash—non-interest-bearing 149,156 229,140 2 Savings and temporary cash investments 2 20,100 23,753 3 3 25,042 4 34,108 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 6 7 8 8 Prepaid expenses and deferred charges 34,968 9 33,623 10a Land, buildings, and equipment cost or other basis Complete 3.214.927 10a Part VI of Schedule D 1.838.625 ь Less accumulated depreciation 10b 1,152,942 10c 1,376,302 105,569 129.027 11 11 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 . . 14 14 202,310 509,915 15 15 16 1,792,727 16 2,434,677 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 144.908 17 131.532 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 86.502 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 1.677 25 1,170 Other liabilities Complete Part X of Schedule D 26 233.087 26 132,702 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 1.088.525 27 2.067.506 Temporarily restricted net assets 471,115 234,469 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 1,559,640 2,301,975 33 Total net assets or fund balances 33 34 Total liabilities and net assets/fund balances 1,792,727 2,434,677 34

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3.1	107,21
2	Total expenses (must equal Part IX, column (A), line 25)	2			372,03
3	Revenue less expenses Subtract line 2 from line 1	3		7	735,18
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,5	559,640
5	Other changes in net assets or fund balances (explain in Schedule O)	5			7,14
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		2,3	301,97
Par	T XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990 Cash Accrual Other			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		Νο
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Home Sweet Home Ministries Inc

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

Public Charity Status and Public Support

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

Inspection

37-0692350 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) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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 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). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 10 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 Type I **b** Type II c Type III - Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizate col (i) lis your gove docume	e lon in ted in erning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

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

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

	dider rate III. If the	organización i	ans to quanty t	maci the tests	iisted below, pic	case complet	c raic III.
S	ection A. Public Support		_				
Cale	endar 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						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	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)						
6	Public Support. Subtract line 5 from						
Ü	line 4						
S	ection B. Total Support	1				I	
	endar year (or fiscal year beginning						
Cur	in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
0	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
-	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	nızatıon,
	check this box and stop here	_	r		•	. , . , -	▶ ┌॔
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2010	(lıne 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A Par	rt II line 14			15	
							
16a	33 1/3% support test—2010. If the				line 14 is 33 1/3%	or more, chec	
	and stop here. The organization qua	•				2.2.4.204	▶ [
b	33 1/3% support test—2009. If the				oa, and line 15 is :	1/3% or mor کد	. -
17-	box and stop here. The organization				12 16 1C	handler - 4.4	▶
r/a	10%-facts-and-circumstances test-						ın.
	is 10% or more, and if the organization made			•			
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	acion quanifies as	a publicly supp	orted F
L	organization 10%-facts-and-circumstances test-	_2000 Ifthe era	anization did not	chack a hay an lu	no 13 165 166 5	or 17a and line	F1
ט	15 is 10% or more, and if the organ						
	Explain in Part IV how the organizat			•		<u>-</u>	clv
	supported organization	aon meets the 16	aces and circuitis	tances test life	. organization qual	iiiies as a publi	ETY ▶ ¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b. check this	box and see	- 1
	instructions	a.a not eneck		, , 0 0 , 7 0 0	. 2. 2, 511558 61115		▶ □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Se</u>	ction 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 no include any "unusual grants")	t 1,173,955	1,391,858	1,315,358	1,409,055	2,203,705	7,493,93
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	710,964	834,487	859,728	903,496	886,835	4,195,51
3	Gross receipts from activities that are not an unrelated trade or	t					
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1,884,919	2,226,345	2,175,086	2,312,551	3,090,540	11,689,44
	A mounts included on lines 1, 2, and 3 received from disqualified persons						
Ь	A mounts included on lines 2 and 3 received from other than	3					
	disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	2					
c 8	Add lines 7a and 7b Public Support (Subtract line 7c						
	from line 6)						11,689,44
	ction B. Total Support						
cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	A mounts from line 6	1,884,919	2,226,345	2,175,086	2,312,551	3,090,540	11,689,44
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	12,686	10,868	5,745	4,328	3,201	36,82
	sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	12,686	10,868	5,745	4,328	3,201	36,82
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	12,686 25,002	10,868	5,745 13,962	4,328 10,272	3,201 16,801	36,82 73,01
c	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part	·					
c 11	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c,	25,002	6,977	13,962	10,272	16,801	73,01
c 11 12	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	25,002 6,572 1,929,179	1,628 2,245,818	13,962 12,318 2,207,111	2,235 2,329,386	-3,323 3,107,219	73,01- 19,43 11,818,71
c 11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	25,002 6,572 1,929,179 for the organization	6,977 1,628 2,245,818 n's first, second,	13,962 12,318 2,207,111	2,235 2,329,386	-3,323 3,107,219	73,01- 19,43 11,818,71) organizat <u>io</u> n,
c 11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is	25,002 6,572 1,929,179 for the organization	6,977 1,628 2,245,818 n's first, second,	13,962 12,318 2,207,111 third, fourth, or f	2,235 2,329,386	-3,323 3,107,219	73,01- 19,43 11,818,71) organizat <u>io</u> n,
c 11 12 13 14	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	25,002 6,572 1,929,179 for the organization	1,628 2,245,818 n's first, second, rcentage) divided by line 1	13,962 12,318 2,207,111 third, fourth, or f	2,235 2,329,386	16,801 -3,323 3,107,219 section501(c)(3	73,01- 19,43 11,818,71) organization,
c 11 12 13 14 Se 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ction C. Computation of Put	25,002 6,572 1,929,179 for the organization Diic Support Pe 0 (line 8 column (f	1,628 2,245,818 n's first, second, rcentage) divided by line 1 irt III, line 15	13,962 12,318 2,207,111 third, fourth, or fi	2,235 2,329,386	16,801 -3,323 3,107,219 section501(c)(3	73,01- 19,43 11,818,71) organization, P 98 910 %
c 11 12 13 14 Se 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ction C. Computation of Put Public Support Percentage for 201	25,002 6,572 1,929,179 for the organization olic Support Pe 0 (line 8 column (f 0 9 Schedule A , Pa	1,628 2,245,818 n's first, second, rcentage) divided by line 1 irt III, line 15 me Percentage	13,962 12,318 2,207,111 third, fourth, or fi	10,272 2,235 2,329,386 Ifth tax year as a	16,801 -3,323 3,107,219 section501(c)(3	73,01- 19,43 11,818,71) organization, P 98 910 %
c 11 12 13 14 Se 15 16	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ction C. Computation of Put Public Support Percentage for 201 Public support percentage from 20	1,929,179 for the organization Dic Support Pe 0 (line 8 column (f 09 Schedule A, Pa vestment Incom 2010 (line 10 c col	1,628 2,245,818 n's first, second, rcentage) divided by line 1 rt III, line 15 me Percentag umn (f) divided b	13,962 12,318 2,207,111 third, fourth, or file 3 column (f))	10,272 2,235 2,329,386 Ifth tax year as a	16,801 -3,323 3,107,219 section501(c)(3	73,01- 19,43 11,818,71) organization,

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported

organization 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Other income Part II line 10 or Part III line 12 Miscellaneous Income

Other income Part II line 10 or Part III line 12 Miscellaneous Income

Schedule A (Form 990 or 990-EZ) 2010

Name of organization Home Sweet Home Ministries Inc Employer identification number

37-0692350

Part I	Contributors (see Instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Paul Brown 105 Hilltop Road Bloomington, IL 61701	\$60,500	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Bequest - Birdie Rye 120 North Street Bloomington, IL 61701	\$ 424,332	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	Bequest - Gordon Kruger 1705 Tullamore Avenue Suite B Bloomington, IL 61702	\$66,205	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u> </u>	Bequest - Nora Johnson 205 N Main St Suite 101 Bloomington, IL 61701	\$104,299	Person F Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9_	Beqiest - Mildred Maxey 5768 East Hearn Road Scottsdale, AZ 85254	\$ <u>76,458</u>	Person P Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	Bequest - Delores Mock 308 East Washington Street Bloomington, IL 61702	\$90,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Name of organization Home Sweet Home Ministries Inc

Employer identification number

37-0692350

Part II	Noncash Property (see Instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	Rent of Facility	\$8,400	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		1	

DLN: 93493300007001

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Na	ection 501(c)(4), (5), or (6) organ me of the organization			Emplo	oyer iden	tification number
Ho	me Sweet Home Ministries Inc			37-0	692350	
ar	t I-A Complete if the o	ganization is exempt und	ler section 501(organization.
1	Provide a description of the o	ganization's direct and indirect p	olitical campaign act	tivities in Part IV		
2	Political expenditures	J			.	\$
3	Volunteer hours					T
Par	t I-B Complete if the o	ganization is exempt und	ler section 501(c)(3).		
1	Enter the amount of any excis	e tax incurred by the organization	n under section 4955	5	 -	\$
2	Enter the amount of any excis	e tax incurred by organization ma	anagers under sectio	n 4955	 -	\$
3	If the organization incurred a	section 4955 tax, did it file Form	4720 for this year?			┌ Yes
4a	Was a correction made?					┌ Yes
b	If "Yes," describe in Part IV					
Pa i	t I-C Complete if the or	ganization is exempt und	ler section 501(c) except sect	ion 501	L(c)(3).
1	Enter the amount directly exp	ended by the filing organization fo	or section 527 exem	pt function activitie	es 🕨	\$
2	Enter the amount of the filing exempt funtion activities	organızatıon's funds contrıbuted t	o other organization:	s for section 527	-	\$
2						
3	Total exempt function expend	itures Add lines 1 and 2 Enter h	ere and on Form 112	20-POL, line 17b	•	\$
4	Did the filing organization file	Form 1120-POL for this year?			•	\$
	Did the filing organization file Enter the names, addresses a organization made payments amount of political contribution		er (EIN) of all section or the amount paid fro nd directly delivered	n 527 political orga om the filing organi to a separate polit	zatıon's f :ıcal orga	s to which the filing funds Also enter the nization, such as a
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contribution	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a	er (EIN) of all section or the amount paid fro nd directly delivered	n 527 political orga om the filing organi to a separate polit	zation's fical orga e informat id from ition's	s to which the filing funds Also enter the nization, such as a
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section er the amount paid fro nd directly delivered) If additional space	n 527 political organi om the filing organi to a separate polit is needed, provide (d) A mount pa filing organiza	zation's fical orga e informat id from ition's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section er the amount paid fro nd directly delivered) If additional space	n 527 political organi om the filing organi to a separate polit is needed, provide (d) A mount pa filing organiza	zation's fical orga e informat id from ition's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section er the amount paid fro nd directly delivered) If additional space	n 527 political organi om the filing organi to a separate polit is needed, provide (d) A mount pa filing organiza	zation's fical orga e informat id from ition's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section er the amount paid fro nd directly delivered) If additional space	n 527 political organi om the filing organi to a separate polit is needed, provide (d) A mount pa filing organiza	zation's fical orga e informat id from ition's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section er the amount paid fro nd directly delivered) If additional space	n 527 political organi om the filing organi to a separate polit is needed, provide (d) A mount pa filing organiza	zation's fical orga e informat id from ition's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none,
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section er the amount paid fro nd directly delivered) If additional space	n 527 political organi om the filing organi to a separate polit is needed, provide (d) A mount pa filing organiza	zation's fical orga e informat id from ition's	(e) A mount of politicand promptly and directly delivered to separate politica organization If nor
4	Did the filing organization file Enter the names, addresses a organization made payments amount of political contribution separate segregated fund or a	Form 1120-POL for this year? nd employer identification numbe For each organization listed, ente ns received that were promptly a political action committee (PAC	er (EIN) of all section er the amount paid fro nd directly delivered) If additional space	n 527 political organi om the filing organi to a separate polit is needed, provide (d) A mount pa filing organiza	zation's fical orga e informat id from ition's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization.

section 4911 tax for this year?

	Check If the filing organization belongs to a Check If the filing organization checked bo	in affiliated group x A and "limited control" provisions apply		
	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) A ffiliated Group Totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1	p)		
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines 1	c and 1d)		
f	Lobbying nontaxable amount Enter the amount is columns	rom the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of lir	e 1f)		
h	Subtract line 1g from line 1a If zero or less, ent	er - O -		
i	Subtract line 1f from line 1c If zero or less, ente	r - 0 -		
j	If there is an amount other than zero on either li	ne 1h or line 1i, did the organization file Form 4720	reporting	┌ Yes ┌ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Exper	nditures During 4	-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount	254,245				254,245
ь	Lobbying ceiling amount (150% of line 2a, column(e))					381,368
_с	Total lobbying expenditures	3,875				3,875
d	Grassroots non-taxable amount	63,561				63,561
е 	Grassroots ceiling amount (150% ofline 2d, column (e))					95,342
f	Grassroots lobbying expenditures					

art II-B	Complete if the organization is exempt under section 501(c)(3) and has	NOT filed Fo	rm 5768
	(election under section 501(h)).		

		1.	a)		(b)	
		Yes	No		\ moun	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?			_		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			-		
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	** THE A. Commisse if the every instinction is every medical exception FA4/s\/4\ exception [n
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c)(5), (or se		
	501(c)(6).	501(c)(5), « 		Yes	No
1	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members?	501(c)(5), (1		
1 2	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5), (1 2		
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year?			1 2 3	Yes	No
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?	501(c)(5), (1 2 3	Yes	No
1 2 3	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I	501(c)(5), (1 2 3	Yes	No
1 2 3 Par	501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	501(c II-A,)(5), (1 2 3	Yes	No
1 2 3 Par 1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	501(c II-A, 1 2a 2b)(5), (1 2 3	Yes	No
1 2 3 Par 1 2 a b	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	501(c II-A, 1 2a 2b 2c)(5), (1 2 3	Yes	No
1 2 3 Par 1 2 a b c	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes". Dues, assessments and similar amounts from members Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	2a 2b 2c 3)(5), (1 2 3	Yes	No

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1 Also, complete this part for any additional information

Ident if ier Return Reference | Explanation DLN: 93493300007001

OMB No 1545-0047

Inspection

Open to Public

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.

Name of the organization **Employer identification number** Home Sweet Home Ministries Inc 37-0692350 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 99	0, Part IV, line 6.				
		(a) Donor advised funds		(b) Funds and	other accounts	s
L	Total number at end of year					
2	Aggregate contributions to (during year)					
}	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		or adv	ısed	☐ Yes 「	□ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bend conferring impermissible private benefit	3 3	•		┌ Yes 「	┌ Nα
a I	t II Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forr	<u>n 990, Part I</u>	V, line 7.	
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space					
	Complete lines 2a-2d if the organization held a quali- easement on the last day of the tax year	fied conservation contribution in the form	ofac	onservation		
	,, , ,			Held at the	e End of the Y	ear
1	Total number of conservation easements	2a				
,	Total acreage restricted by conservation easements	2b				
	Number of conservation easements on a certified his	2c				
	Number of conservation easements included in (c) ac	equired after 8/17/06	2d			
	Number of conservation easements modified, transfe the taxable year ▶	rred, released, extinguished, or terminate	ed by tl	he organization	during	
	Number of states where property subject to conserva	ition easement is located 🟲				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling o	f violations, an	d Yes	⊢ Ν•
	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents d	luring the year	-	
	A mount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements	s durın	g the year ► \$		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	(d) above satisfy the requirements of sec	tion		┌ Yes ┌	_ Nα
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easem	he footnote to the organization's financial				
Ti	Complete if the organization answered "		or Ot	her Similar	Assets.	
1	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in fu			
•	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in			•	
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$		
	(ii) Assets included in Form 990, Part X			► \$		
	If the organization received or held works of art, histofollowing amounts required to be reported under SFAS		or finar			
	Revenues included in Form 990, Part VIII, line 1			► \$		_
,	Assets included in Form 990 Part Y					

3	Using the organization's accession and othe										.ontinuea)
_	items (check all that apply)			_			h				
а	Public exhibition		a	<u>'</u>			hange prog	rams			
b	Scholarly research		e	Г	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	/ furthe	rthe o	organizatior	n's ex	empt purpose	ın	
5	During the year, did the organization solicit									_	—
Dar	assets to be sold to raise funds rather than t									Yes	No
Fal	Part IV, line 9, or reported an an	•			_		i aliswele	uı	es to roini :	, ,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribu	tions o	or other ass	sets		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ing t	able		Г		Λ.	nount	
_	B						ŀ	1-	All	ilouiit	
c C	Beginning balance						ŀ	1c			
d	Additions during the year						}	1d			
e	Distributions during the year						-	1e			
Т	Ending balance							1f		_	
2a	Did the organization include an amount on Fo		ıe 21?							│ Yes	∏ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete	f the organizatio)Prior			Form 990 o Years Back		t IV, line 10. Three Years Back	(e)Four	Years Back
1a	Beginning of year balance	(a)Current rear	(6)	JEHOL	Cai	(C) W	O Teals back	(u)	Tillee Teals back	(e)i oui	rears back
ь	Contributions										
c	Investment earnings or losses							+			
d	Grants or scholarships										
e	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment										
С	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	zation	thata	are helo	d and a	ıdmınıstere	d for	the		
	organization by									Yes	No
	(i) unrelated organizations							•	3a		
_	(ii) related organizations							•	3a(<u> </u>
	If "Yes" to 3a(II), are the related organizatio							•	3	b	
4 Dag	t VI Investments—Land, Buildings					00 D:	art V Juno	10			
FŒ	Till Till Vestillents—Land, Buildings	s, and Equipme	;III. 3) Cost or		(b)Cost or o		(a) Assumulatos	.	
	Description of investment				is (inves		basis (oth		(c) Accumulated depreciation	(d) E	ook value
1a	Land		•				82	2,615			82,615
b	Buildings		•				2,633	3,362	1,473,2	59	1,160,103
c	Leasehold improvements		•								
d	Equipment		•				498	8,500	365,3	56	133,134
е	Other					l	I	450			450
	I. Add lines 1a-1e (Column (d) should equal Fo										

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12 T		
(a) Description of security or category (including name of security)	(b) Book value		od of valuation f-year market value
(1)Financial derivatives			•
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line		
(a) Description of investment type	(b) Book value		od of valuation
		Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lin	ie 15.		
(a) Descrip	tion		(b) Book value
(1) Cash Surrender Value			12,689
(2) of life insurance			
(3) Beneficial interests in perpet			98,515
(4) trusts			
(5) Bequest receivable			398,711
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		509,915
Part X Other Liabilities. See Form 990, Part X			309,913
1 (a) Description of Liability	(b) A mount		
	(b) A mount		
Federal Income Taxes			
Mission Mart gift certificates	825		
Deposits			
	345		
	345		
	345		
	345		
	345		
	345		
	345		
	345		
	345		
	345		
	345		
	345		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	1,170		

2 \$2,372,033 \$2 \$2,372,033 \$3 \$735,186 \$4 \$1 \$1 \$1 \$1 \$1 \$1 \$1	1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,107,219
Met unrealized gams (losses) on investments	2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,372,033
S	3	Excess or (deficit) for the year Subtract line 2 from line 1	3	735,186
New Street Responses	4	Net unrealized gains (losses) on investments	4	7,149
7	5	Donated services and use of facilities	5	
Solution	6	Investment expenses	6	
Total adjustments (net) Add lines 4 - 8 9 7,145	7	Prior period adjustments	7	
9	8	Other (Describe in Part XIV)	8	
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 742,335	9	·	9	7,149
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments 2 2a 7,149 b Donated services and use of facilities 2 2b 8,400 c Recoveries of prior year grants 2 2d 16,641 d Other (Describe in Part XIV) 2 2d 16,641 3 Subtract line 22e from line 1 3 Investment expenses not included on Form 990, Part VIII, line 7b 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b C Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 3,107,215 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial Statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2 Donated services and use of facilities 3 Quit 16,641 2 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses of use of facilities 3 Quit 16,641 2 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and use of facilities 3 Quit 16,641 4 Amounts included on line 1 but not on Form 990, Part IX, line 25 b Other (Describe in Part XIV) 4 Add lines 2a through 2d 5 Quit 16,641 4 Amounts included on Form 990, Part IX, line 25 C Add lines 4a and 4b 5 Quit 16,641 6 Quit 16,641 7 Quit 16,641	10		10	742,335
1 Total revenue, gains, and other support per audited financial statements	Par		er Retu	
Net unrealized gains on investments		· · · · · · · · · · · · · · · · · · ·		
Donated services and use of facilities 2b 8,400 2c 8 8,400 8 8 8 8 8 8 8 8 8	2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
c Recoveries of prior year grants 2c 4 4 6 4 6 8 8 8 9 <	а	Net unrealized gains on investments		
March Class Clas	b	Donated services and use of facilities 2b 8,400		
a Add lines 2a through 2d 2e 32,190 3 Subtract line 2e from line 1 3 3,107,219 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4a 4a 4a b Other (Describe in Part XIV) 4b 4c 4c c Add lines 4a and 4b 4c 4c Fart XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements with Expenses per Return 2 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 1 a Donated services and luse of facilities 2a 8,400 b Prior year adjustments 2b 2b c Other losses 2c 4c d Other (Describe in Part XIV) 2d 16,641 e Add lines 2a through 2d 2c 25,041 3 3 2,372,033 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 3 2,372,033 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a 4c 4c a Donated services not included on Form 990	c	Recoveries of prior year grants		
Subtract line 2e from line 1	d	Other (Describe in Part XIV)		
A mounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b 4c b Other (Describe in Part XIV)	e	Add lines 2a through 2d	2e	32,190
Investment expenses not included on Form 990, Part VIII, line 7b . 4a	3	Subtract line 2e from line 1	3	3,107,219
b Other (Describe in Part XIV)	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
Add lines 4a and 4b 4c 5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 3,107,219 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 4 a Donated services and use of facilities 2a 8,400 b Prior year adjustments 2b 4 c Other losses 2c 4 d Other (Describe in Part XIV) 2d 16,641 e Add lines 2a through 2d 2 25,041 3 Subtract line 2e from line 1 3 2,372,033 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 2,372,033 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c b Other (Describe in Part XIV) 4b 4c c Add lines 4a and 4b 5 2,372,033	а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	b	Other (Describe in Part XIV) 4b		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements	c	Add lines 4a and 4b	4c	
Total expenses and losses per audited financial statements			5	3,107,219
statements	Part		per Re	
A mounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	1		₁	2,397,074
Donated services and use of facilities	2		-	
b Prior year adjustments				
c Other losses 2c d Other (Describe in Part XIV) 2d 16,641 e Add lines 2a through 2d 2e 25,041 3 Subtract line 2e from line 1 3 2,372,033 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a b Other (Describe in Part XIV) 4b c Add lines 4a and 4b 4c 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 2,372,033	_			
e Add lines 2a through 2d	С	Other losses		
e Add lines 2a through 2d	d	Other (Describe in Part XIV) 2d 16,641		
A mounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV)	e		2e	25,041
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV)	3	Subtract line 2e from line 1	3	2,372,033
b Other (Describe in Part XIV) 4b 4c c Add lines 4a and 4b 4c 4c 5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) 5 2,372,033	4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b	а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	b	Other (Describe in Part XIV) 4b		
	c	Add lines 4a and 4b	4c	
Part XIV Supplemental Information	5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,372,033
	Pai	t XIV Supplemental Information		-

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any

Ident if ier	Return Reference	Explanat ion
Other revenues non included on Form 1990 Part XII line 2d		Cost of Goods Sold presented as an offset to revenue on 990 16641
O2 Other expenses not included on Form 990 Part XIII line 2d		Cost of Goods Sold Expenses for Unreleated Business Revenue 16641
D3 Footnote for uncertain tax position under FIN 48 Part X		The Organization is organized as an Illinois not-for-profit corporation and is exempt from federal taxation under section 501c3 of the Internal Revenue Code The Organization is also registered with the State of Illinois Attorney General under the Charitable Trust and Solicitation Act and has been given a religious exemption from the annual filing requirements The Organization files a Form 990 Return of Organization Exempt from Income Tax annually When the returns are filed it is highly certain that some positions taken would be sustained upon examination by taxing authorities while others are subject to uncertainty about the merits of the tax position taken or the amount of the position that would ultimately be sustained Examples of tax positions common to nonprofit organizations include such matters as the following the tax exempt status of each entity and various positions relative to potential sources unrelated business taxable income UBIT UBIT is reported on Form990-T as appropriate The benefit of tax position is recognized in the financial statements in the period during which based on all available evidence management believes that it is more likely than not that the position will be sustained upon examination including the resolution of appeals or litigation process if any Tax positions are offset or aggregated with other positions Tax positions that meet the more likely than not recognition threshold are measured as the largest amount of tabenefit that is more than 50 likely to be realized on settlement with the applicable taxing authority The portion of the benefits associated with tax positions taken that exceeds the amount measured as described above is reflected as a liability for uncertain tax benefits in the accompanying balance sheets along with any associated interest and penalties that would be payable to the taxing authorities upon examination Upon the adoption and as of June 30 2011 there were no unrecognized to benefits identified and recorded as a liability Forms 990 filed be the Organizati

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DLN: 93493300007001

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

2010

OMB No 1545-0047

Department of the Treasury

(Form 990 or 990-EZ)

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

internal Revenue Service	Attach to Form 990 or Form 990-E2. F See separate instructions.	Inspection
Name of the organization		Employer identification number
Home Sweet Home Minis	tries Inc	
		37-0692350

							37-0692350				
Pa	rt I Fundraising Ac	tivities. Complete	ıf the organızat	tion	answered "Yes" to	o Form	990, Part IV	, line 17	7.		
	Indicate whether the organ Mail solicitations Internet and e-mail so			<u> </u>	wing activities Chec Solicitation of non- Solicitation of gove	governn	nent grants				
_	Phone solicitations In-person solicitations	5	g	Γ	Special fundraising	j events					
2a	Did the organization have or key employees listed in	•	•		` •			I∼	Yes	Γ	N
b	If "Yes," list the ten highes to be compensated at leas	•	•		•				ı S		
	/:> N	(==> A = 44	/:::> D. d	/=		(\ A		/ A			

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization	
		Yes	No				
Russ Reid Company	Mail Solicitations		Νo	554,431	29,250	525,181	
Total			554,431	29,250	525,181		

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

ΙL

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.								
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))		
<u>Ф</u>					(**************************************			
Revenue	1 2	Gross receipts Less Charitable						
₩ Ф	-	contributions						
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
ဟ	5	Non-cash prizes						
anse T	6	Rent/facility costs						
Expenses	7	Food and beverages						
Direct	8	Entertainment						
ā	9	Other direct expenses .						
	10	Direct expense summary Add lin	es 4 through 9 ın columı	n (d)	🛌			
	11	Net income summary Combine II	nes 3 and 10 ın column	(d)				
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than		
			(a) Bingo	(b) Pull tabs/Instant	(c) O ther gaming	(d) Total gaming		
Revenue				bingo/progressive bingo		(Add col (a) through col (c))		
	1	Gross revenue						
Ses	2	Cash prizes						
Expenses	3	Non-cash prizes						
ញ ថ្ល	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes % ┌ No	☐ Yes % ☐ No	┌ Yes %	_		
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in col	umn (d)				
9	Ent	er the state(s) in which the organize	ation operates gaming ac	tivities				
а		the organization licensed to operate				· Fyes Fno		
b	If"	No," Explain						
						1		
10a		re any of the organization's gaming			the tax year?	· · Fyes Fno		
b	If"	Yes," Explain						
						1		

11	Does the organization operate ga	aming activities with nonmembers?		Г үе	s Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mer	nber of a partnership or other entity		
	formed to administer charitable (jaming?		Г _{Yе}	s Γ_{No}
13	Indicate the percentage of gamin	ng activity operated in			
а	The organization's facility			1	
b	An outside facility			,	
14	Provide the name and address or records	f the person who prepares the organız	ation's gaming/special events books and	d	
	Name 🟲				
	Address 🟲				
15a		ntract with a third party from whom th		_	_
					s No
ь		ning revenue received by the organizated by the third party 🟲 \$	ation > \$ and the		
c	If "Yes," enter name and address	5			
	Name 🟲				
	Address 🟲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation l	* \$			
	Description of services provided	>			
	Director/officer	Employee	Independent contractor		
17	Mandatory distributions				
а		er state law to make charitable distrib		_	_
p.				· Ye	s No
D		required under state law distributed activities during the tax year - \$	to other exempt organizations or spent		
Par		<u>-</u>	r responses to question on Schedul	e G (see	
	Identifier	ReturnReference	Explanation		

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

DLN: 93493300007001 OMB No 1545-0047

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

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection

Name of the organization						Employer Identificati	on number
Home Sweet Home Ministries Inc						37-0692350	
Part I General Informatio	n on Grants and	l Assistance				•	
 Does the organization maintain the selection criteria used to aw Describe in Part IV the organization 	ard the grants or as	sıstance?					ר Yes Γו
Part II Grants and Other As Form 990, Part IV, line duplicated if additional	e 21 for any recip	ent that received r	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 50)1(c)(3) and governi	ment organizations .					
3 Enter total number of other orga						_	
			_	0 . N. 500555			

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Direct Cash Assistance to Indigents	7	735		FMV	
(2) Food Shelter and Clothing	33		2,923	FMV	goods purchased
(3) Transportation	54		4,385	FMV	bus tokens automobiles
(4) Other Assistance to Indigents	31		613	FMV	supplies & admissions

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference

Explanation

Schedule I (Form 990) 2010

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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	e of the organization Sweet Home Ministries Inc				Employer identificat	ion nu	mber	
,,,,,	Sweet Home Fillistries Inc				37-0692350			
Pa	rt I Types of Property			<u>'</u>				
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of determining of amounts		contribu	tion
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
ood	s							
6	Cars and other vehicles .	Х	4	4,905	FMV			
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	Х	3	7,706	FMV			
0	Securities—Closely held stock							
1	Securities—Partnership, LLC, or trust interests .							
2	Securities—Miscellaneous							
.3	Qualified conservation contribution—Historic structures							
4	Qualified conservation contribution—Other							
.5	Real estate—Residential .							
6	Real estate—Commercial							
.7	Real estate—Other							
8	Collectibles							
9	Food inventory	Х	742	46,829	FMV			
0	Drugs and medical supplies							
1	Taxidermy							
	Historical artifacts							
3	Scientific specimens							
4	Archeological artifacts .							
5	Other ► (Gift Cards)	Х	12	442	FMV			
6	Other ► (Florist)	Х	8	904	FMV			
	Other (Misc)	Х	2	1,700	FMV			
8	O ther ► ()							
9	Number of Forms 8283 received b		<u> </u>		29			
							Yes	No
0a	During the year, did the organizati	on receive	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years	from the d	late of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire	holding p	erıod?			30a		No
b	If "Yes," describe the arrangemen	t ın Part I	I					
1	Does the organization have a gift a	acceptano	e policy that requires the r	eview of any non-standard	contributions?	31		Νo
32a	Does the organization hire or use contributions?	thırd partı	es or related organizations	to solicit, process, or sell	non-cash	322		N a
L	If "Yes," describe in Part II					32a		Νo
	If the organization did not report re	evenuesı	n column (c) for a type of p	roperty for which column (a) is checked,			

describe in Part II

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

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DLN: 93493300007001

OMB No 1545-0047

2010

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Name of the organization Home Sweet Home Ministries Inc Employer identification number

37-0692350

ldentifier	Return Reference	Explanation
01 Form 990 governing body review (Part VI, line 11)		PDF copies of a draft of the return are emailed to each board member for their review

ldentifier	Return Reference	Explanation
02 Conflict of interest policy compliance (Part VI, line 12c)		Covered individuals complete a conflict of interest questionaire on an annual basis Completed questionaires are reviewed by the board president

ldentifier	Return Reference	Explanation
03 CEO, executive director, top management comp (Part VI, line 15a)		The process includes all of these elements 1 review and approval by the board of directors of the organization 2 use of staff evaluation data 3 use of data as to comparable compensation and 4 contemporaneous documentation and recordkeeping 1 Review and approval The compensation of the person is reviewed and approved by the board of directors provided that persons with conflicts of interest with respect to the compensation arrangement at issue are not involved in this review and approval 2 Review evaluation data. The board will review evaluation data from staff members reporting directly to the chief executive officer and vice president for finance 3. Use of data as to comparable compensation. The compensation of the person is reviewed and approved using data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations. 4Contemporaneous documentation and recordkeeping. There is contemporaneous documentation and arrangement.

ldentifier	Return Reference	Explanation
04 Other officer or key employee compensation (Part VI, line 15b		The same process is utilized for both CEO and other officer or key employees

ldentifier	Return Reference	Explanation
05 Governing documents, etc, available to public (Part VI, line 19)		Documents are available upon request

ldentifier	Return Reference	Explanation
06 Explanation of other changes in net assets or fund balances (Part XI, line 5)		Unrealized gain on investments

ldentifier	Return Reference	Explanation
07 General explanation attachment		990 Part III Program Service expenses 821675 Program Service Revenue 873091 Retail Operations Home Sw eet Home Ministries receives donated goods from the community processes the items in their warehouse sells the goods in two Mission Mart stores in Bloomington and Lincoln and recycles items that cannot be sold in the stores Net proceeds from the stores and recycling efforts are used to offset program costs of Home Sw eet Home Ministries Clients of Home Sw eet Home Ministries and other human service agencies in the community are able to obtain vouchers to obtain clothing from the Mission Marts if they do not have the means to purchase needed items Schedule G Part 1 Line 2B Column V Amounts paid to Russ Reid Company during the year Professional Fundraising Fees 29250 Supplies 123911 Postage 28306 Other 760 The original contract with Russ Reid specifies that a monthly retainer will be charged for providing fundraising services All other costs incurred will be paid directly ie supplies postage etc

Additional Data

Software ID: Software Version:

EIN: 37-0692350

Name: Home Sweet Home Ministries Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services								
(Code) (Expenses \$	including grants of \$) (Revenue \$)				
the goods in two Mi the stores and recy and other human se	ssion Mart stores in Bloomington an cling efforts are used to offset progr	es donated goods from the community pr d Lincoln and recycles items that canno am costs of Home Sweet Home Ministric e able to obtain vouchers to obtain c loth	ot be sold in the st ores Net process Clients of Home Sweet Home	ceeds from • Ministries				