See a Social Security Number? Say Something!
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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
HOUSE OF GRACE MINISTRIES INC

Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite
PO BOX 3262

City or town, state or country, and ZIP + 4
DANBURY, CT 06813-3262

D Employer identification number
06-1517803

E Telephone number
203-775-2408

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization **and** its gross receipts are normally **not** more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 51,145.

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

Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	42,658.
	2	Program service revenue including government fees and contracts		2	8,305.
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O) SEE SCHEDULE O		8	182.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	51,145.
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O		10	33,727.
	11	Benefits paid to or for members		11	1,800.
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	400.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	186.
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	7,652.
	17	**Total expenses.** Add lines 10 through 16		17	43,765.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7,380.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	88,349.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	95,729.

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	88,349.	22	95,729.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	88,349.	25	95,729.
26	**Total liabilities** (describe in Schedule O)	0.	26	0.
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	88,349.	27	95,729.

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 TO SHELTER, FEED CLOTHE AND ASSIST WITH THE CASE MANAGEMENT OF PEOPLE IN NEED, WITH SPECIAL EMPHASIS ON HELPING THE HOMELESS.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a

29 TO ASSIST PARTICIPANTS WITH REFERRALS TO COMMUNITY AGENCIES AND WITH JOB PREPARATION AND PLACEMENT ADVANCEMENT.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30 TO MAINTAIN ONE OR MORE HOMES AS A TEMPORARY RESIDENCE WITH THE GOAL OF LIVING INDEPENDENTLY AS A PRODUCTIVE CITIZEN OF THE COMMUNITY.

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a 33,727.

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 33,727.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BRENDA SOLDAN 29 CLEARVIEW DR, BROOKFIELD, CT 06804	PRESIDENT 0.00	0.	0.	0.
MICHAEL SOLDAN 29 CLEARVIEW DR, BROOKFIELD, CT 06804	SECRETARY & TREASURER 0.00	0.	0.	0.
DEBRA NEWTON 8 DITTMAR RD, BETHEL, CT 06801	BOARD MEMBER 0.00	0.	0.	0.
TRACY GONZALEZ 17 HILLSIDE AVE, DANBURY, CT 06811	BOARD MEMBER 0.00	0.	0.	0.
BETH TOETENEL 5 MAURA LANE, DANBURY, CT 06810	BOARD MEMBER 0.00	0.	0.	0.

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V [X]

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/A	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶ NONE

42a The organization's books are in care of ▶ MICHAEL SOLDAN Telephone no. ▶ 203-775-2408

Located at ▶ 29 CLEARVIEW DR, BROOKFIELD, CT ZIP + 4 ▶ 06804

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ [ ] and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II	47		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer Brenda Soldan Date 8/12/12

▶ Type or print name and title BRENDA SOLDAN/PRESIDENT

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JAMES M GARGAN, CPA	JMG	08/06/12		P00046969

Firm's name ▶ RAINES & GARGAN CPAS P.C. Firm's EIN ▶ 20-3249739

Firm's address ▶ 246 FEDERAL ROAD BROOKFIELD, CT 06804 Phone no. (203) 740-9699

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

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
HOUSE OF GRACE MINISTRIES INC	06-1517803

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [X] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

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

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

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

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

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

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

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

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

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

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

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	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 instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 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						
4 **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 line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, 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, etc. (see instructions)	12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

BY-LAWS

OF ...

HOUSE OF GRACE MINISTRIES, INC.

ARTICLE I General

SECTION 1. These by-laws are intended to supplement and implement applicable provisions of the law and of the Certificate of Incorporation of this Corporation with respect to the regulation of the affairs of this Corporation.

ARTICLE II Purposes

SECTION 1. The corporation is organized to engage exclusively in charitable and educational activities within the limitations of Section 501 C (3) of the Internal Revenue Code of 1986, as amended (the "code"). The Corporation's activities and purposes in particular shall include:

(a) To provide housing in a structured faith based group home environment with special emphasis, but not limited to homeless U.S. Veterans.

(b) To provide basic needs assistance to the local community and beyond. To aid in the spiritual and practical aspects of growing the individual to reach their full potential.

(c) Subject to the limitations in this Certificate of Incorporation, to engage in any lawful act or activity for which a non-stock corporation may be formed under Connecticut law.

ARTICLE III Board of Directors

SECTION 1. Number: The number of directors shall be a minimum of three (3). All directors shall serve until their terms expire or until their successors are elected or appointed. All directors shall have equal and full voting responsibilities as members of the Board of Directors.

SECTION 2. Election: The incorporation will elect the first three Board member Board which will serve until the first annual meeting in September 1998. At the first annual meeting, the Board of Directors shall accept resignations and elect a Board to serve for a year term of office.

SECTION 3. Meeting Notice: There will be an annual meeting of the Board of Directors. Subsequent meetings shall be called as necessary to engage the business of the ministry. These meetings shall not be open to the public, as confidential and personal information of applicants and clients will be discussed. The meetings will be held in a public meeting place to be designated at a mutually agreeable time and place.

SECTION 4. Quorum: At all of the meetings of the Board of Directors, three (3) of the Directors shall be necessary to constitute a quorum for the transaction of business of the Corporation.

SECTION 5. ~: A written proxy vote may be accepted as a vote by a Board member unable to attend a meeting.

SECTION 6. Attendance: Each Board member is allowed three (3) unexcused absences a year. To be excused a Board member must notify the president or leave a message on the Corporation telephone answering machine at least twenty-four hours before the scheduled meeting.

C. References, an interview and a completed application are required for entrance into the residency program in a group home.

D. Willingness to live in a structured, group home environment

E. An application is required for assistance over set amount mutually agreed by the board.

F. Personal interview by an authorized staff/board member for mutually agreed set amount.

SECTION 2. Types of Support: The Corporation will offer assistance in the following areas: Food, clothing and basic needs. Case management may include; pastoral/spiritual counseling, life skills assessment and development, obtaining GED or other vocational training, local agency referrals, educational seminars, financial management, job preparation/placement and living quarters if available in a structured group home.

ARTICLE VIII Fundraising

SECTION 1. Fundraising Committee: For each fundraising activity, there shall be at least one chairperson, or two co-chairpersons, in charge of coordinating all elements of that particular fund-raiser. The Chairperson(s) can call a meeting to plan an event voted on by the Board. This meeting may consist of Board members and non-Board volunteers. The Chairperson(s) shall keep full and accurate records and accounts of its proceedings. All actions by the committee shall be reported to the Board at its next meeting.

ARTICLE IX Other Information

SECTION 1. The Corporation is non-profit and it shall not have or issue shares of stock or pay dividends. No part of the net earnings of the Ministry shall inure to the benefit of any Director or Officer of the Corporation, or to any private individual (except that reasonable compensation may be paid for services rendered to or for the Corporation in effecting cone or more ofits purposes), and no Director or Officer of the Corporation or any private individual shall be entitled to share in the distribution of any of the corporate assets upon the dissolution of the Corporation. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation (except as provided by Section 501 (h) of the Code, and the Corporation shall not participate or intervene in any political campaign on behalf of or in opposition to any candidate for public office, including intervention by publication or distribution of statements.

SECTION 2. The Corporation may conduct or carry on only activities permitted to be conducted or carried on by an organization (a) exempt from taxation under Code Section 501 (a) and described in Code Section 501 (c) (3) as they now exist or as they may hereafter be amended (and meeting the requirements of Regulations from time to time effective thereunder), and (b) to which contributions are deductible under Code Section 170 (c) (2) as it now exists or as it may hereafter be amended (and meeting the requirements of Regulations from time to time effective thereunder).

SECTION 3. If the Corporation shall dissolve or its corporate existence shall terminate, all of its assets and property remaining after payment of all its liabilities and expenses shall be distributed to one or more organizations exempt from taxation under Code Section 501 (a) and described in Code Section 501 (c) (3), or corresponding provisions of any subsequent Federal tax laws, or to the Federal government of a state or local government for a public purpose.

ARTICLE IV Officers

SECTION I. Number: The executive officers of the corporation shall be a President, a Treasurer, and a Secretary.

SECTION 2. Election: All officers shall be appointed at the annual meeting by the Board of Directors.

SECTION 3. Term and Removal: The officers of the Corporation shall hold office until their respective successors are chosen and have qualified. Any officer elected by the Board of Directors may be removed by the Board of Directors whenever, in its judgment, the best interest of the Corporation will be served thereby. If the office or any officer shall become vacant for any reason the vacancy shall be filled by the Board of Directors.

ARTICLE V Duties of the Officers

SECTION 1. President: The President shall be in charge of the executive direction and management of the Corporation.

SECTION 2. Secretary: The Secretary shall keep the minutes of all meetings of the Board of Directors and the committees of the Corporation; she/he shall have custody of the seal of the Corporation and affix to such documents as require it; she/he shall have charge of the Corporate book of minutes and papers as the Board of Directors may direct, all of which shall, at all reasonable times, be open to the examination of any Director, upon reasonable notice as required by law or by-laws of this Corporation, of all meetings of the Board of Directors.

SECTION 3. Treasurer: The Treasurer shall be in charge of bookkeeping and advising the Corporation of financial status.

ARTICLE VI Executive Committee

SECTION 1. Executive Committee: There shall be an Executive Committee consisting of the Officers of the Corporation.

SECTION 2. Power to Act: The Executive Committee shall, during intervals between meetings of the Board, possess and exercise all of the powers of the Board in management of the affairs and property of the Corporation except as otherwise provided by law, the by-laws, or by the resolution of the Board.

The Committee shall keep full and accurate records and accounts of its proceedings and transactions. All actions by the Committee shall be reported to the Board of Directors at its next meeting succeeding such action and shall be subject to the revision and alteration by the Board, provided that no rights of a third person shall be affected by any revision or alteration.

ARTICLE VII Support Services

SECTION 1. Guidelines: To receive assistance from the Corporation the following terms must be met. Additional proof of terms in question may be asked to verify information .

A. Over the age of 18 years old

B. Homeless, at risk of being homeless or persons requiring basic needs or spiritual guidance.

SECTION 4. The personal liability of the Directors of the Corporation is limited to the fullest extent permitted by Section 33-1058(a) of the Connecticut General Statues and as the same may be amended and supplemented from time to time.

SECTION 5. This Certificate of Incorporation may not be amended in any manner which would disqualify the Corporation from exemption from taxation under Code Section 501 (a), as it now exists or may hereafter be amended, or impair its status as an organization to which deductible charitable contributions may be made under Section 170 (c) (2) of the Code, as it now exists or may hereafter be amended.

Rev 1 – Aug 7, 2012

BMT 8/12/12

8/12/12

8/12/12

8/12/12

8/12/12

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

HOUSE OF GRACE MINISTRIES INC

Employer identification number

06-1517803

FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST INCOME	182.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: COMMUNITY OF THE CROSS

GRANTEE NAME:

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 02/23/11

AMOUNT GIVEN: 200.

ACTIVITY CLASSIFICATION: HIGHWAYS AND HEDGES

GRANTEE NAME:

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 07/20/11

AMOUNT GIVEN: 300.

ACTIVITY CLASSIFICATION: EBENEZER EMERGENCY FUND

GRANTEE NAME:

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 12/09/11

AMOUNT GIVEN: 200.

ACTIVITY CLASSIFICATION: MISCELLANEOUS

GRANTEE NAME:

SCHEDULE O
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2011
Open to Public Inspection

Name of the organization: HOUSE OF GRACE MINISTRIES INC

Employer identification number: 06-1517803

GRANTEE RELATIONSHIP: NONE

DATE OF GIFT: 12/15/11

AMOUNT GIVEN: 419.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 1,119.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
AUTO EXPENSE	3,321.
OFFICE SUPPLIES & EQUIPMENT	327.
TELEPHONE	1,927.
ADVERTISING	171.
TAXES	50.
INSURANCE	737.
DONATIONS TO OTHER CHARITIES	1,119.
TOTAL TO FORM 990-EZ, LINE 16	7,652.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO SHELTER, FEED CLOTHE AND ASSIST WITH THE CASE MANAGEMENT OF PEOPLE IN NEED, WITH SPECIAL EMPHASIS ON HELPING THE HOMELESS VETERANS.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Form **8868**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	HOUSE OF GRACE MINISTRIES INC	[X] 06-1517803
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 3262	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DANBURY, CT 06813-3262	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ MICHAEL SOLDAN 29 CLEARVIEW DR - BROOKFIELD, CT 06804
  Telephone No. ▶ 203-775-2408 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2012, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [X] calendar year 2011 or
▶ [ ] tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Form 8868 (Rev. January 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

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Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return See instructions	HOUSE OF GRACE MINISTRIES INC	[X] 06-1517803
	Number, street, and room or suite no If a P.O. box, see instructions. PO BOX 3262	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DANBURY, CT 06813-3262	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
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Form 990-T (trust other than above)	06	Form 8870	12

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c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

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