

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, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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

2007

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year, or tax year beginning, 2007, and ending, 20

B Check if applicable

- Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

The Old Home Place Missions Inc, 3848 Hwy 501 North, Raleigh, NCS 39153-USA - Smith City

D Employer identification number

64-0940198

E Telephone number

(601) 789-5583

F Group Exemption Number

n/a

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [ ] Accrual

I Website: n/a

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) - [X] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check [X] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 11,171.94

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten entries for revenue (11,172) and expenses (9,390), resulting in a net asset change of 1,782.

Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions)

Table with 27 rows for Balance Sheets. Shows assets and liabilities at beginning and end of year. Total assets and liabilities are both 1,782.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2007)

APR 15 2010

RECEIVED APR 21 2010

SCANNED JUL 19 2010

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**Part III Statement of Program Service Accomplishments** (See page 60 of the instructions.)

What is the organization's primary exempt purpose? To Buy Food in Bulk for Poor

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

|   | Expenses<br>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others) |
|---|---|
| 28 <u>Gave food, clothes, toys, bedding, furniture + hsehold items to the poor about #400 per month who are burned out - down away or out-of-work on no money funds</u><br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a <u>No company only individual donations</u>   |
| 29  |   |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 29a   |
| 30  |   |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>  | 30a   |
| 31 Other program services (attach schedule)<br>(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>   | 31a   |
| 32 Total program service expenses. Add lines 28a through 31a  | 32 <u>n/a</u>   |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated See page 61 of the instructions)

| (A) Name and address                    | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
|---|--|---|---|--|
| <u>Frances Matthews - Raleigh, Ms.</u>  | <u>President 3 days</u>                                  | <u>0</u>                                  | <u>0</u>  | <u>0</u>                                 |
| <u>David Stringer - Raleigh, Ms.</u>    | <u>Vice President AS Needed</u>                          | <u>0</u>                                  | <u>0</u>  | <u>0</u>                                 |
| <u>Elizabeth Matthews - Laurel, Ms.</u> | <u>Promotions</u>  | <u>0</u>                                  | <u>0</u>  | <u>0</u>                                 |
| <u>Connie Powell - Maple, Ms</u>        | <u>Distribution</u>                                      |   |   |  |

**Part V Other Information** (Note the statement requirement in General Instruction V.)

|   | Yes            | No                                  |
|---|----------------|-------------------------------------|
| 33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change   |                | <input checked="" type="checkbox"/> |
| 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes   |                | <input checked="" type="checkbox"/> |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. |                | <input checked="" type="checkbox"/> |
| a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  |                | <input checked="" type="checkbox"/> |
| b If "Yes," has it filed a tax return on Form 990-T for this year?  |                | <input checked="" type="checkbox"/> |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.   |                | <input checked="" type="checkbox"/> |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. <input type="checkbox"/> 37a <u>n/a</u>   |                | <input checked="" type="checkbox"/> |
| b Did the organization file Form 1120-POL for this year?  |                | <input checked="" type="checkbox"/> |
| 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 unpaid at the start of the period covered by this return?                   |                | <input checked="" type="checkbox"/> |
| b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved   | 38b <u>n/a</u> |                                     |
| 39 501(c)(7) organizations. Enter:  |                |                                     |
| a Initiation fees and capital contributions included on line 9  | 39a <u>n/a</u> |                                     |
| b Gross receipts, included on line 9, for public use of club facilities   | 39b <u>n/a</u> |                                     |

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 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 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A

d Enter amount of tax on line 40c reimbursed by the organization ▶ N/A

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

|     | Yes | No |
|-----|-----|----|
| 40b |     | ✓  |
| 40c |     |    |
| 40d |     |    |
| 40e |     | ✓  |

41 List the states with which a copy of this return is filed. ▶ MS

42a The books are in care of ▶ Matthews Bkping & Tax Svc Telephone no. ▶ (601-) 789-5583 Located at ▶ 3848 Hwy 501 North Raleigh MS ZIP + 4 ▶ 39153

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)?

|     | Yes | No |
|-----|-----|----|
| 42b |     | ✓  |
| 42c |     |    |

If "Yes," enter the name of the foreign country: ▶ N/A

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

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: ▶ N/A

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

Please Sign Here

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
Signature of officer: Frances E. Matthews Date: 1-27-10
Type or print name and title: Frances E. Matthews - President

Paid Preparer's Use Only

Preparer's signature: Frances E. Matthews Date: 1-27-10 Check if self-employed: [X] Preparer's SSN or PTIN (See Gen Inst X): 002123678
Firm's name (or yours if self-employed): Matthews Bkping & Tax Svc EIN: address, and ZIP + 4: Raleigh, MS 39153 Phone no: (601) 789-5583

01/17/08

**THE OLD HOME PLACE MISSIONS, INC.**  
**Profit and Loss by Class**  
 January through December 2007

|                                 | <u>Unclassified</u>           | <u>TOTAL</u>                  |
|---------------------------------|-------------------------------|-------------------------------|
| Ordinary Income/Expense         |                               |                               |
| Income                          |                               |                               |
| Campaign Income- Aubert & Ann L | 240 00                        | 240 00                        |
| Campaign Income- Barron Hamilto | 75 00                         | 75 00                         |
| Campaign Income- Bobbie Cullive | 100 00                        | 100 00                        |
| Campaign Income- Crystal Easter | 50 00                         | 50 00                         |
| Campaign Income- David Stringer | 300 00                        | 300 00                        |
| Campaign Income- Effie Easterli | 50 00                         | 50 00                         |
| Campaign Income- Frances E Mat  | 50 00                         | 50 00                         |
| Campaign Income- Howard Wood    | 102 50                        | 102 50                        |
| Campaign Income- J. Bryant      | 50 00                         | 50 00                         |
| Campaign Income- Jesus Name Ch. | 400 00                        | 400 00                        |
| Campaign Income- Jesus Name Chu | 700 00                        | 700 00                        |
| Campaign Income- Jim & Gloria M | 250 00                        | 250 00                        |
| Campaign Income- Larry & Effie  | 100 00                        | 100 00                        |
| Campaign Income- Mark Ramsey    | 600 00                        | 600 00                        |
| Campaign Income- Paul Warren    | 307 00                        | 307 00                        |
| Campaign Income- Raleigh Eastsi | 100 00                        | 100 00                        |
| Campaign Income- Randy & Karen  | 50 00                         | 50 00                         |
| Campaign Income- Ruth Powell    | 150 00                        | 150 00                        |
| Campaign Income- Walter & Lois  | 500 00                        | 500 00                        |
| Campaign Income- Words of Life  | 900 00                        | 900 00                        |
| Campaign Income-Dana Mark Morga | 1,500 00                      | 1,500 00                      |
| Campaign Income-David Stringer  | 347 44                        | 347 44                        |
| Campaign Income-Tommy Mangum    | 100 00                        | 100 00                        |
| Campaign Income-Words of Life T | 900 00                        | 900 00                        |
| Campaign Insome-Mark Ramsey     | 50 00                         | 50 00                         |
| Campaign Insome-Paul Warren     | 200 00                        | 200 00                        |
| Income                          | <u>3,000 00</u>               | <u>3,000 00</u>               |
| <b>Total Income</b>             | <b>11,171 94</b>              | <b>11,171 94</b>              |
| Expense                         |                               |                               |
| Automobile Expense              | 536 42                        | 536 42                        |
| Contract Labor                  | 20 00                         | 20 00                         |
| Contributions                   | 491 35                        | 491 35                        |
| Dues and Subscriptions          | 25 00                         | 25 00                         |
| Meals for workers               | 176 45                        | 176 45                        |
| Professional Fees               | 30 00                         | 30 00                         |
| Repairs                         | 725 00                        | 725 00                        |
| Supplies                        | 4,628 34                      | 4,628 34                      |
| Taxes                           | 238 95                        | 238 95                        |
| Utilities                       | 1,728 13                      | 1,728 13                      |
| Yardcare                        | 790 00                        | 790 00                        |
| <b>Total Expense</b>            | <b><u>9,389 64</u></b>        | <b><u>9,389 64</u></b>        |
| <b>Net Ordinary Income</b>      | <b><u>1,782 30</u></b>        | <b><u>1,782 30</u></b>        |
| <b>Net Income</b>               | <b><u><u>1,782.30</u></u></b> | <b><u><u>1,782.30</u></u></b> |