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CLIENT'S COPY

Davidson, Doyle & Hilton, LLP
P.O. Box 800
Lynchburg, VA 24505-0800

July 25, 2011

Miriam's House Inc.
P.O. Box 3196
Lynchburg, VA 24503

Miriam's House Inc.:

Enclosed are the organization's 2010 Exempt Organization returns. The paper filed return(s) should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

FORM 990-T RETURN:

Form 990-T has an overpayment of \$3,361 and the entire amount will be refunded.

Please sign and mail on or before November 15, 2011.

Mail to - Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Amy A. Gallagher, CPA
Davidson, Doyle & Hilton, LLP

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.

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MIRIAM'S HOUSE INC.		D Employer identification number 54-1606543
	Doing Business As		E Telephone number 434-847-1101
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 881,821.
	P.O. BOX 3196		
City or town, state or country, and ZIP + 4 LYNCHBURG, VA 24503		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: ELLEN NYGAARD P. O. BOX 3196, LYNCHBURG, VA 24503		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ www.miriamshouseprogram.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1991
M State of legal domicile: VA			

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: EXISTS TO END HOMELESSNESS AND REBUILD LIVES THROUGH EMPOWERMENT OF WOMEN AND FAMILIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	26
	6 Total number of volunteers (estimate if necessary)	6	95
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 323,624.	Current Year 744,556.
	9 Program service revenue (Part VIII, line 2g)	12,757.	8,235.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-30,458.	180,427.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,037.	-55,741.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	337,960.	877,477.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		372,234.	273,821.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,887.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		140,270.	152,751.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	512,504.	426,572.	
19 Revenue less expenses. Subtract line 18 from line 12	-174,544.	450,905.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,692,380.	End of Year 3,104,940.
	21 Total liabilities (Part X, line 26)	16,223.	5,646.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,676,157.	3,099,294.

Part II Signature Block

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	Date			
	▶ ELLEN NYGAARD, PRESIDENT	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name DAVIDSON, DOYLE & HILTON	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ DAVIDSON, DOYLE & HILTON, LLP	Firm's EIN ▶			
	Firm's address ▶ PO BOX 800 LYNCHBURG, VA 24505-0800	Phone no. 434-846-7611			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: TO MAKE AVAILABLE A TRANSITIONAL RESIDENCE FOR WOMEN AND THEIR CHILDREN AND TO PROVIDE SOCIAL SERVICES TO ADDRESS THE CAUSES OF HOMELESSNESS IN THE CITY OF LYNCHBURG AND SURROUNDING AREAS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 369,460. including grants of \$) (Revenue \$ 8,742.) PROVIDE FACILITIES, TRAINING AND CONSULTING TO HOMELESS WOMEN AND THEIR CHILDREN-SERVED 10 MOTHERS W/ 16 CHILDREN AND 17 SINGLE INDIVIDUALS W/ NO FAMILY. (IN-KIND CONTRIBUTIONS OF \$827 - FOOD)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 369,460.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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 "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **VA**
- 18** Section 6104 requires an organization to make its Forms 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 Upon request
- 19** 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 434-847-1101**
409 MAGNOLIA STREET, LYNCHBURG, VA 24503

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

Check if Schedule O contains a response to any question in this Part VII

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. 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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
NICHOLE DYE BRADLEY BOARD OF DIRECTORS	2.00	X					0.	0.	0.	
ANNE GIBBONS PRESIDENT	4.00	X		X			0.	0.	0.	
JOAN JONES BOARD OF DIRECTORS	2.00	X					0.	0.	0.	
L. VINCENT SAWYER, JR. TREASURER	2.00	X		X			0.	0.	0.	
BETH BIERMAN BURNS BOARD OF DIRECTORS	2.00	X		X			0.	0.	0.	
SHEILA GARREN BOARD OF DIRECTORS	2.00	X					0.	0.	0.	
ELLEN NYGAARD VICE PRESIDENT	2.00	X		X			0.	0.	0.	
PATRICIA DAVIS PRICE BOARD OF DIRECTORS	2.00	X					0.	0.	0.	
GEORGE VERMILYA JR BOARD OF DIRECTORS	2.00	X					0.	0.	0.	
RHONDA CALLAHAM BOARD OF DIRECTORS	2.00	X					0.	0.	0.	
KATHRYN CROWDER YARZEBINSKI SECRETARY	4.00	X		X			0.	0.	0.	
KATHY ELLIS EX - EXEC DIRECTOR	40.00			X			13,170.	0.	1,492.	
MARY ALEX EXECUTIVE DIRECTOR	40.00			X			13,125.	0.	1,442.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								26,295.	0.	2,934.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								26,295.	0.	2,934.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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 **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)	192,433.				
	f	All other contributions, gifts, grants, and similar amounts not included above	552,123.				
	g	Noncash contributions included in lines 1a-1f: \$	827.				
	h	Total. Add lines 1a-1f	744,556.				
	Program Service Revenue	2 a	PROGRAM FEES				
		Business Code	532000	8,235.	8,235.		
b							
c							
d							
e							
g		Total. Add lines 2a-2f	8,235.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		180,427.		180,427.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real				
		Less: rental expenses	(ii) Personal				
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
		Less: cost or other basis and sales expenses	(ii) Other				
		Gain or (loss)					
		Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	20,158.			
		Less: direct expenses	b	4,344.			
		Net income or (loss) from fundraising events		15,814.			15,814.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a	OTHER	900099	320.	320.			
b	VENDING INCOME	900099	187.	187.			
c	LOSS ON PARTNERSHIP	900099	-5,492.			-5,492.	
d	All other revenue	900099	-66,570.			-66,570.	
e	Total. Add lines 11a-11d		-71,555.				
12	Total revenue. See instructions.		877,477.	8,742.	0.	124,179.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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				
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	32,820.	28,882.	3,938.	
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	192,060.	164,319.	23,047.	4,694.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,600.	4,928.	672.	
9 Other employee benefits	21,098.	16,634.	2,532.	1,932.
10 Payroll taxes	22,243.	19,311.	2,669.	263.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	5,025.	1,658.	3,367.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	32,710.	32,710.		
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	10,025.	10,025.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,458.	17,458.		
23 Insurance	11,355.	11,355.		
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.)				
a CONTRACT LABOR	27,129.	16,900.		10,229.
b UTILITIES	13,923.	13,923.		
c MAINTENANCE & REPAIRS	9,118.	9,118.		
d PROGRAM SERVICES & TRAI	5,488.	5,281.		207.
e POSTAGE & PRINTING	4,300.	1,218.		3,082.
f All other expenses	16,220.	15,740.		480.
25 Total functional expenses. Add lines 1 through 24f	426,572.	369,460.	36,225.	20,887.
26 Joint costs. Check here <input type="checkbox"/> 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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	79,545.	1	145,429.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	6,768.	3	33,477.	
	4 Accounts receivable, net	2,392.	4	471.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	2,081.	9	2,292.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,276,657.			
	b Less: accumulated depreciation	10b 174,511.	93,634.	10c 1,102,146.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	2,447,286.	12	1,821,125.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	60,674.	15	0.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,692,380.	16	3,104,940.		
Liabilities	17 Accounts payable and accrued expenses	16,223.	17	5,646.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	16,223.	26	5,646.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	905,182.	27	1,224,094.	
	28 Temporarily restricted net assets	69,799.	28	146,961.	
	29 Permanently restricted net assets	1,701,176.	29	1,728,239.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	2,676,157.	33	3,099,294.	
34 Total liabilities and net assets/fund balances	2,692,380.	34	3,104,940.		

Part XI Reconciliation of Net Assets

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	877,477.
2	Total expenses (must equal Part IX, column (A), line 25)	2	426,572.
3	Revenue less expenses. Subtract line 2 from line 1	3	450,905.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,676,157.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-27,768.
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	3,099,294.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

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

2010

Open to Public Inspection

Name of the organization

MIRIAM'S HOUSE INC.

Employer identification number

54-1606543

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or 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?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	341,925.	395,059.	362,997.	322,613.	744,556.	2,167,150.
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	341,925.	395,059.	362,997.	322,613.	744,556.	2,167,150.
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.						2,167,150.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	341,925.	395,059.	362,997.	322,613.	744,556.	2,167,150.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,065.	36,993.	33,862.	23,728.	18,344.	138,992.
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.)	-442.	-458.	-465.	-472.	-5,492.	-7,329.
11 Total support. Add lines 7 through 10						2,298,813.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	94.27	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	92.28	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
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			<input type="checkbox"/>

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. 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 - 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

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

MIRIAM'S HOUSE INC.

Employer identification number

54-1606543

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization MIRIAM'S HOUSE INC.	Employer identification number 54-1606543
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	EASLEY FOUNDATION PO BOX 798 LYNCHBURG, VA 24505	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	LYNCHBURG CITY SCHOOLS 915 COURT ST LYNCHBURG, VA 24504	\$ 15,054.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CONSOLIDATED SHOE COMPANY PO BOX 10549 LYNCHBURG, VA 24506	\$ 337,831.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization MIRIAM'S HOUSE INC.	Employer identification number 54-1606543
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

MIRIAM'S HOUSE INC.

Employer identification number

54-1606543

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,757,020.	1,523,188.	2,335,651.		
b Contributions			2,088.		
c Net investment earnings, gains, and losses	152,659.	384,790.	-655,255.		
d Grants or scholarships					
e Other expenditures for facilities and programs	55,844.	119,213.	120,894.		
f Administrative expenses	32,710.	31,745.	38,402.		
g End of year balance	1,821,125.	1,757,020.	1,523,188.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		80,441.		80,441.
b Buildings		1,056,107.	53,608.	1,002,499.
c Leasehold improvements				
d Equipment				
e Other		140,109.	120,903.	19,206.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,102,146.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FUNDS HELD IN TRUST BY		
(B) OTHERS	1,821,125.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	1,821,125.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	877,477.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	426,572.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	450,905.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-27,768.
9	Total adjustments (net). Add lines 4 through 8	9	-27,768.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	423,137.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	816,999.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-27,768.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-32,710.
e	Add lines 2a through 2d	2e	-60,478.
3	Subtract line 2e from line 1	3	877,477.
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	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	877,477.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	393,862.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	393,862.
4	Amounts 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.)	4b	32,710.
c	Add lines 4a and 4b	4c	32,710.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	426,572.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4: TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS

SUPPORTED BY ITS ENDOWMENT

Part XI, Line 8 - Other Adjustments:

UNREALIZED LOSS ON INVESTMENTS

Part XII, Line 2d - Other Adjustments:

INVESTMENT MANAGEMENT FEES

Part XIV Supplemental Information *(continued)*

Part XIII, Line 4b - Other Adjustments:

INVESTMENT MANAGEMENT FEES

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL LUNCHEON		None	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	20,158.			20,158.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	20,158.			20,158.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,344.			4,344.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(4,344)
	11 Net income summary. Combine line 3, column (d), and line 10				15,814.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(_____)	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:

13a		%
13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
 - a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GEORGE D. VERMILYA, JR.	BOARD MEMBER WHO IS	10,463.	INVESTMENT		X
ELLEN NYGAARD	BOARD MEMBER WHO IS	0.			X

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: GEORGE D. VERMILYA, JR.

(b) Relationship Between Interested Person and Organization:

BOARD MEMBER WHO IS A PRINCIPAL AT THE INVESTMENT MANAGER FOR THE ENDOWMENT

(d) Description of Transaction: INVESTMENT MANAGEMENT FEES

(a) Name of Person: ELLEN NYGAARD

(b) Relationship Between Interested Person and Organization:

BOARD MEMBER WHO IS ALSO A BOARD MEMBER OF THE TRUSTEE OF THE ENDOWMENT

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **MIRIAM'S HOUSE INC.** Employer identification number **54-1606543**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	1	337,831.	INDEPENDENT APPRAISA
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>FOOD</u>)	X	1	827.	FMV ESTIMATE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

2010

Open to Public
Inspection

Name of the organization

MIRIAM'S HOUSE INC.

Employer identification number

54-1606543

Form 990, Part VI, Section B, line 11: THE 990 IS REVIEWED BY THE
EXECUTIVE DIRECTOR AND THE BOARD BEFORE IT IS FILED.

Form 990, Part VI, Section B, Line 12c: STAFF SUPERVISORS, THE EXECUTIVE
DIRECTOR, AND THE BOARD ARE ALL RESPONSIBLE FOR MONITORING THE CONFLICT OF
INTEREST POLICY. EMPLOYEES ARE REQUIRED TO DISCLOSE ANY CONFLICTS OF
INTERESTS RELATING TO ANY OF THE ORGANIZATION'S PROGRAMS, PROJECTS, OR
GRANTS WHEN SUCH CONFLICT ARISES. IF A CONFLICT OF INTEREST ARISES, THE
EMPLOYEE OR BOARD MEMBER IS NOT ALLOWED TO PARTICIPATE DURING ANY
DISCUSSIONS OR VOTES RELATED TO THE PROJECT OR FUNDING FOR WHICH THERE IS A
CONFLICT.

Form 990, Part VI, Section B, Line 15a: THE EXECUTIVE DIRECTOR'S RAISE IS
DETERMINED AND APPROVED BY THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR
DETERMINES THE RAISES OF ALL OTHER STAFF MEMBERS BASED ON THEIR PERFORMANCE
REVIEW.

Form 990, Part VI, Section C, Line 19: A MANAGEMENT AND PERSONNEL POLICIES
MANUAL (WHICH INCLUDES THE CONFLICT OF INTEREST POLICY) IS MAINTAINED IN
THE OFFICE AND AVAILABLE FOR ANY EMPLOYEE, BOARD MEMBER, OR CITIZEN TO
REVIEW. FINANCIAL STATEMENTS ARE MAINTAINED IN THE OFFICE AND ARE AVAILABLE
UPON REQUEST.

Form 990, Part XI, line 5, Changes in Net Assets:

UNREALIZED LOSS ON INVESTMENTS

-27,768.

Name of the organization

MIRIAM'S HOUSE INC.

Employer identification number

54-1606543

THE PROCESS FOR REVIEWING THE OVERSIGHT OF THE AUDIT AND REVIEW OF THE
990 HAS NOT CHANGED FROM PRIOR YEAR.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)	X	
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) MIRIAM'S HOUSE LIMITED PARTNERSHIP	J	10,000.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

2010 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	Buildings														
66	DOOR	03/08/01	SL	39.00	MM	17	367.				367.	79.		9.	88.
72	DAYCARE CABINETS AND SINK	03/25/02	SL	39.00	MM	17	2,564.				2,564.	514.		66.	580.
77	THE BUS STOP REMODELING	09/25/02	SL	39.00	MM	17	2,813.				2,813.	525.		72.	597.
78	STORAGE SHED	10/23/02	SL	39.00	MM	17	1,296.				1,296.	238.		33.	271.
88	NEW BACK DECK	07/08/04	SL	39.00	MM	17	11,940.				11,940.	1,670.		306.	1,976.
91	NEW UPSTAIRS FLOORING	08/29/05	SL	7.00	HY	17	12,829.				12,829.	8,248.		1,833.	10,081.
92	NEW LIVING ROOM FLOORING	10/03/05	SL	7.00	HY	17	3,206.				3,206.	2,061.		458.	2,519.
95	1 1/2 TON CARRIER HEATPUMP MODEL 38YK FOR RIGHT SIDE OF	12/29/05	SL	7.00	HY	17	3,922.				3,922.	2,520.		560.	3,080.
96	2 1/2 TON CARRIER AIR CONDITIONER FOR DAYCARE	12/29/05	SL	7.00	HY	17	1,610.				1,610.	1,035.		230.	1,265.
97	MISC LH IMPROVEMENTS	12/29/05	SL	7.00	HY	17	5,899.				5,899.	3,793.		843.	4,636.
98	KITCHEN TILE	05/10/05	SL	7.00	HY	17	10,263.				10,263.	6,597.		1,466.	8,063.
107	FLOORING - PLAYHOUSE	08/24/06	SL	7.00	HY	17	4,990.				4,990.	2,495.		713.	3,208.
108	2 HOT WATER HEATERS	05/01/06	SL	7.00	HY	17	11,955.				11,955.	5,978.		1,708.	7,686.
109	PAVING	12/31/06	SL	15.00	HY	17	5,800.				5,800.	1,354.		387.	1,741.
110	PLAYHOUSE EXPANSION	05/31/06	SL	39.00	MM	17	19,338.				19,338.	1,798.		496.	2,294.
111	LH IMPROVEMENTS - 2ND FLOOR FLOORING, 1ST FLOOR WALLS	01/01/07	SL	39.00	MM	17	3,504.				3,504.	266.		90.	356.
121	FLOORING - OFFICES	03/03/08	SL	7.00	HY	17	2,796.				2,796.	599.		399.	998.

2010 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
124	FLOORING - UPSTAIRS HALLWAY	09/22/08	SL	7.00		HY17	5,851.				5,851.	1,254.		836.	2,090.
125	FLOORING - LOUNGE	09/30/08	SL	7.00		HY17	3,000.				3,000.	643.		429.	1,072.
134	BUILDING - MHLP	12/31/10	SL	39.00		MM19I	942,164.				942,164.			1,007.	1,007.
	* 990 Page 10 Total Buildings						1,056,107.				1,056,107.	41,667.		11,941.	53,608.
	Furniture & Fixtures														
2	DESK	01/03/94	SL	7.00		HY17	85.				85.	85.		0.	85.
3	AT&T 3510 DR FAX MACHINE	01/07/94	SL	5.00		HY17	495.				495.	495.		0.	495.
4	MISC HOUSEHOLD ITEMS	01/10/94	SL	7.00		HY17	283.				283.	283.		0.	283.
5	MISC LADDER & STEP STOOL	01/28/94	SL	7.00		HY17	52.				52.	52.		0.	52.
6	TOOLS & FLASHLIGHT	01/23/94	SL	7.00		HY17	141.				141.	141.		0.	141.
7	MISC HOUSEHOLD ITMES	01/20/94	SL	7.00		HY17	198.				198.	198.		0.	198.
8	BABY CRIBS, MATTRESS, SHEETS	01/21/94	SL	7.00		HY17	653.				653.	653.		0.	653.
9	KITCHEN UTENSILS	02/09/94	SL	7.00		HY17	744.				744.	744.		0.	744.
10	TOYS	02/02/94	SL	7.00		HY17	82.				82.	82.		0.	82.
11	ALCO-SENSOR	02/26/94	SL	7.00		HY17	527.				527.	527.		0.	527.
12	HP DESKJET 500 INKJET PRINTER	01/28/94	SL	7.00		HY17	314.				314.	314.		0.	314.
13	KITCHEN UTENSILS	02/18/94	SL	7.00		HY17	271.				271.	271.		0.	271.
15	HOUSEHOLD & KITCHEN	02/02/94	SL	7.00		HY17	35.				35.	35.		0.	35.

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
16	PICTURE HANGERS	02/02/94	SL	7.00	HY17	8.				8.	8.		0.	8.
17	MISC KITCHEN ITEMS	02/18/94	SL	7.00	HY17	17.				17.	17.		0.	17.
18	CORK BOARD	02/02/94	SL	7.00	HY17	22.				22.	22.		0.	22.
19	MISC FURNITURE	03/28/94	SL	7.00	HY17	3,837.				3,837.	3,837.		0.	3,837.
20	SHEETS & TOWELS	04/01/94	SL	7.00	HY17	466.				466.	466.		0.	466.
22	TV & VCR	04/08/94	SL	7.00	HY17	750.				750.	750.		0.	750.
24	FURNITURE MISC	04/13/94	SL	7.00	HY17	852.				852.	852.		0.	852.
25	TREATED LUMBER	06/24/94	SL	7.00	HY17	416.				416.	416.		0.	416.
26	MISC HOUSEHOLD & KITCHEN	02/02/94	SL	7.00	HY17	665.				665.	665.		0.	665.
27	ANTI-VIRUS PROGRAM	04/24/94	SL	7.00	HY17	95.				95.	95.		0.	95.
28	BED & CHAIRS	05/05/94	SL	7.00	HY17	212.				212.	212.		0.	212.
29	TV & CHAIRS	05/26/94	SL	7.00	HY17	495.				495.	495.		0.	495.
31	BABY CRIBS	04/10/95	SL	7.00	HY17	180.				180.	180.		0.	180.
32	SECRETARY'S DESK	08/28/95	SL	7.00	HY17	357.				357.	357.		0.	357.
33	CARPET	09/07/95	SL	7.00	HY17	302.				302.	302.		0.	302.
35	IBOR REPLACEMENT	01/01/96	SL	7.00	HY17	650.				650.	650.		0.	650.
36	HEATING SYSTEM	05/01/96	SL	7.00	HY17	3,100.				3,100.	3,100.		0.	3,100.
38	DESK	01/01/94	SL	7.00	HY17	281.				281.	281.		0.	281.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
39	BLINDS	01/01/94	SL	7.00		HY17	2,000.				2,000.	2,000.		0.	2,000.
40	FURNITURE	01/01/94	SL	7.00		HY17	540.				540.	540.		0.	540.
41	WOOD FOR FURNITURE	01/01/94	SL	7.00		HY17	404.				404.	404.		0.	404.
42	FURNITURE (OLD DOMINION)	01/01/94	SL	7.00		HY17	24,344.				24,344.	24,344.		0.	24,344.
46	PLAYER PIANO	04/01/94	SL	7.00		HY17	500.				500.	500.		0.	500.
47	WICKER FURNITURE	04/01/94	SL	7.00		HY17	200.				200.	200.		0.	200.
48	SEWING MACHINE (BERNINA 1001)	09/01/94	SL	7.00		HY17	841.				841.	841.		0.	841.
57	KONICA COPIER	05/19/00	SL	5.00		HY17	6,719.				6,719.	6,719.		0.	6,719.
58	BATHROOM RENOVATIONS	01/13/00	SL	39.00		MM17	2,270.				2,270.	578.		58.	636.
59	PHONE SYSTEM	10/02/00	SL	7.00		HY17	3,980.				3,980.	3,980.		0.	3,980.
60	ICEMAKER	07/18/00	SL	7.00		HY17	734.				734.	734.		0.	734.
61	PLAQUE	02/21/00	SL	39.00		MM17	510.				510.	128.		13.	141.
62	FREEZERS (2)	06/14/01	SL	7.00		HY17	978.				978.	978.		0.	978.
63	DRINK MACHINE	08/15/01	SL	7.00		HY17	939.				939.	939.		0.	939.
64	MONEY SAFE	02/28/01	SL	7.00		HY17	450.				450.	450.		0.	450.
65	INTERCOM & CCTV SYSTEM	10/31/01	SL	7.00		HY17	2,564.				2,564.	2,564.		0.	2,564.
68	SECURITY CAMERA	01/31/02	SL	7.00		MQ17	415.				415.	415.		0.	415.
69	STEAM CLEANER	09/11/02	SL	7.00		MQ17	190.				190.	190.		0.	190.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
71	ACCOUNTING SOFTWARE	10/18/02	SL	3.00	MO	17	380.				380.	380.		0.	380.
73	BUGGY	06/21/02	SL	7.00	MO	17	1,150.				1,150.	1,150.		0.	1,150.
74	DIGITAL CAMERA	07/22/02	SL	7.00	MO	17	270.				270.	270.		0.	270.
75	PRINTERS AND CABLE	07/22/02	SL	7.00	MO	17	594.				594.	594.		0.	594.
76	NEW COMPUTER INSTALLATION (2 COMPUTERS)	07/24/02	SL	7.00	MO	17	3,666.				3,666.	3,666.		0.	3,666.
79	PLAYGROUND EQUIPMENT	11/06/02	SL	7.00	MO	17	29,520.				29,520.	29,520.		0.	29,520.
80	PENTIUMS	09/01/96	SL	5.00	HY	17	240.				240.	240.		0.	240.
83	DELL INSPIRON 1150 LAPTOP COMPUTER	06/13/04	SL	5.00	HY	17	1,180.				1,180.	1,180.		0.	1,180.
84	BROTHER FAX MACHINE	08/18/04	SL	7.00	HY	17	380.				380.	297.		54.	351.
85	BROTHER LASER PRINTER	08/18/04	SL	7.00	HY	17	200.				200.	159.		29.	188.
86	DELL INSPIRON 1100 LAPTOP COMPUTER	08/26/04	SL	5.00	HY	17	699.				699.	699.		0.	699.
87	2 LATERAL FILING CABINETS	09/02/04	SL	7.00	HY	17	999.				999.	786.		143.	929.
89	5 TON CARRIER AIR CONDITIONER MODEL 38CKC060	09/27/05	SL	7.00	HY	17	2,100.				2,100.	1,350.		300.	1,650.
90	DELL COMPUTER	12/22/05	SL	5.00	HY	17	1,031.				1,031.	927.		104.	1,031.
93	REFRIGERATOR FOR PLAYHOUSE	08/07/05	SL	7.00	HY	17	763.				763.	491.		109.	600.
94	WASHING MACHINE	08/07/05	SL	7.00	HY	17	299.				299.	193.		43.	236.
100	2 BABY CRIBS	06/28/05	SL	7.00	HY	17	100.				100.	63.		14.	77.
101	VACUUM CLEANER	12/31/05	SL	7.00	HY	17	140.				140.	90.		20.	110.

028111
05-01-10

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
103	SERVER	07/24/02	SL	7.00	HY17	1,500.				1,500.	1,500.		0.	1,500.
105	2 DISHWASHERS	01/27/06	SL	7.00	HY17	1,208.				1,208.	605.		173.	778.
106	DELL PRECISION 380 PC	02/21/06	SL	5.00	HY17	941.				941.	658.		188.	846.
112	WASHER DRYER	01/02/07	SL	7.00	HY17	1,007.				1,007.	360.		144.	504.
113	NEW COMPUTER SYSTEM	01/30/07	SL	5.00	HY17	7,177.				7,177.	3,588.		1,435.	5,023.
114	EMERGENCY LIGHTING	07/12/07	SL	7.00	HY17	1,353.				1,353.	483.		193.	676.
115	AIPHONE INTERCOM SYSTEM	08/29/07	SL	7.00	HY17	1,900.				1,900.	678.		271.	949.
116	LASER PRINTER	01/30/07	SL	5.00	HY17	900.				900.	450.		180.	630.
117	SHREDDER	09/05/07	SL	7.00	HY17	250.				250.	90.		36.	126.
118	XEROX PHASER 3124 PRINTERS (3)	04/18/07	SL	5.00	HY17	540.				540.	270.		108.	378.
119	6 ARMOIRES	02/12/08	SL	7.00	HY17	939.				939.	201.		134.	335.
120	STOVE	02/21/08	SL	7.00	HY17	554.				554.	119.		79.	198.
122	ICE MAKER	06/30/08	SL	7.00	HY17	1,151.				1,151.	246.		164.	410.
123	ARMOIRE	07/29/08	SL	7.00	HY17	317.				317.	68.		45.	113.
126	13 ADULT MATTRESSES	02/12/08	SL	7.00	HY17	1,430.				1,430.	306.		204.	510.
127	11 CHILDREN'S MATTRESSES	03/21/08	SL	7.00	HY17	990.				990.	212.		141.	353.
128	5 TON CARRIER AIR CONDITIONER	06/22/09	SL	7.00	HY17	3,500.				3,500.	250.		500.	750.
129	(2) WASHER/DRYER UNITS	12/29/09	SL	7.00	HY17	2,213.				2,213.	158.		316.	474.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
130	COPIER	09/03/10	SL	5.00		HY19B	2,190.				2,190.			219.	219.
131	REFRIGERATOR	03/04/10	SL	7.00		HY19C	626.				626.			45.	45.
132	MULTI MEDIA PROJECTOR	02/09/10	SL	5.00		HY19B	549.				549.			55.	55.
	* 990 Page 10 Total Furniture & Fixtures						140,109.				140,109.	115,386.		5,517.	120,903.
	Land														
133	LAND	12/31/10	L			HY	80,441.				80,441.			0.	0.
	* 990 Page 10 Total Land						80,441.				80,441.	0.		0.	0.
	* Grand Total 990 Page 10 Depr						1,276,657.				1,276,657.	157,053.		17,458.	174,511.

Request for 45R Credit Only

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2010

Open to Public Inspection for 501(c)(3) Organizations Only

Form **990-T**

Department of the Treasury
Internal Revenue Service

For calendar year 2010 or other tax year beginning _____, and ending _____

A <input type="checkbox"/> Check box if address changed	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) MIRIAM'S HOUSE INC. Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 3196 City or town, state, and ZIP code LYNCHBURG, VA 24503	D Employer identification number (Employees' trust, see instructions.) 54-1606543	E Unrelated business activity codes (See instructions.)
C Book value of all assets at end of year 3,104,940.	F Group exemption number (See instructions.)			
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust				

H Describe the organization's primary unrelated business activity. **▶**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. **▶**

J The books are in care of **▶ THE ORGANIZATION** Telephone number **▶ 434-847-1101**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)...	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.)	12		
13 Total. Combine lines 3 through 12	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules.)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a	
b Other credits (see instructions)	40b	
c General business credit. Attach Form 3800	40c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d	
e Total credits. Add lines 40a through 40d	40e	
41 Subtract line 40e from line 39	41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42	
43 Total tax. Add lines 41 and 42	43	0.
44a Payments: A 2009 overpayment credited to 2010	44a	
b 2010 estimated tax payments	44b	
c Tax deposited with Form 8868	44c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	
e Backup withholding (see instructions)	44e	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	3,361.
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	44g	
45 Total payments. Add lines 44a through 44g	45	3,361.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	48	3,361.
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	49	3,361.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		X

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs	4a				
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date	PRESIDENT	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Print/Type preparer's name DAVIDSON, DOYLE & HILTON, LLP	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	
Paid Preparer Use Only	Firm's name DAVIDSON, DOYLE & HILTON, LLP	Firm's EIN 54-1953476			
	Firm's address PO BOX 800 LYNCHBURG, VA 24505-0800	Phone no. 434-846-7611			

Depreciation and Amortization 990
 (Including Information on Listed Property)

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

Name(s) shown on return: **MIRIAM'S HOUSE INC.**
 Business or activity to which this form relates: _____
 Identifying number: **54-1606543**
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	16,132.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		2,739.	5 Yrs.	HY	SL	274.
c 7-year property		626.	7 Yrs.	HY	SL	45.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	12 / 10	942,164.	39 yrs.	MM	S/L	1,007.
	/			MM	S/L	

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	17,458.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use.....								25
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven.....												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Application for Extension of Time To File an Exempt Organization Return

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

- 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	Name of exempt organization MIRIAM'S HOUSE INC.	Employer identification number 54-1606543
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 3196	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LYNCHBURG, VA 24503	

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	03	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 ORGANIZATION

- The books are in the care of ▶ **409 MAGNOLIA STREET - LYNCHBURG, VA 24503**
 Telephone No. ▶ **434-847-1101** 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, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2010** 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.

LHA **For Paperwork Reduction Act Notice, see Instructions.**

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____, 20____

2010

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

MIRIAM'S HOUSE INC.

54-1606543

Name and title of officer

**KATHY ELLIS
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>877477</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DAVIDSON, DOYLE & HILTON, LLP to enter my PIN 12345
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54492784747
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

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

Name(s) shown on return		Identifying number
MIRIAM'S HOUSE INC.		54-1606543
1	Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions)	26
2	Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	7
3	Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	32,000.
4	Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (see instructions)	24,877.
5	Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions)	18,671.
6	Enter the smaller of line 4 or line 5	18,671.
7	Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35)	4,668.
8	If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions	4,668.
9	If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	3,361.
10	Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	
11	Subtract line 10 from line 4. If zero or less, enter -0-	24,877.
12	Enter the smaller of line 9 or line 11	3,361.
13	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions)	7
14	Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13	7
15	Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	
16	Add lines 12 and 15. Partnerships and S corporations, stop here and report this amount on Schedule K; all others, go to line 17	3,361.
17	Credit for small employer health insurance premiums included on line 16 from passive activities (see instructions)	
18	Subtract line 17 from line 16	3,361.
19	Credit for small employer health insurance premiums allowed for 2010 from a passive activity (see instructions)	
20	Carryback of the credit for small employer health insurance premiums from 2011	
21	Add lines 18 through 20. Cooperatives, estates, and trusts, go to line 22. Tax-exempt small employers, skip lines 22 and 23 and go to line 24. All others, stop here and report this amount on Form 3800, line 29h	3,361.
22	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	
23	Cooperatives, estates, and trusts, subtract line 22 from line 21. Stop here and report this amount on Form 3800, line 29h	
24	Enter the amount you paid in 2010 for taxes considered payroll taxes for purposes of this credit (see instructions)	22,243.
25	Tax-exempt small employers, enter the smaller of line 21 or line 24 here and on Form 990-T, line 44f	3,361.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **8941** (2010)

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MIRIAM'S HOUSE INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Buildings											
66	DOOR	030801	SL	39.00	17	367.			367.	79.		9.
72	DAYCARE CABINETS AND SINK	032502	SL	39.00	17	2,564.			2,564.	514.		66.
77	THE BUS STOP REMODELING	092502	SL	39.00	17	2,813.			2,813.	525.		72.
78	STORAGE SHED	102302	SL	39.00	17	1,296.			1,296.	238.		33.
88	NEW BACK DECK	070804	SL	39.00	17	11,940.			11,940.	1,670.		306.
91	NEW UPSTAIRS FLOORING	082905	SL	7.00	17	12,829.			12,829.	8,248.		1,833.
92	NEW LIVING ROOM FLOORING	100305	SL	7.00	17	3,206.			3,206.	2,061.		458.
95	1 1/2 TON CARRIER HEATPUMP MODEL 38YK122905	122905	SL	7.00	17	3,922.			3,922.	2,520.		560.
96	2 1/2 TON CARRIER AIR CONDITIONER FOR	122905	SL	7.00	17	1,610.			1,610.	1,035.		230.
97	MISC LH IMPROVEMENTS	122905	SL	7.00	17	5,899.			5,899.	3,793.		843.
98	KITCHEN TILE FLOORING -	051005	SL	7.00	17	10,263.			10,263.	6,597.		1,466.
107	PLAYHOUSE	082406	SL	7.00	17	4,990.			4,990.	2,495.		713.
108	2 HOT WATER HEATERS	050106	SL	7.00	17	11,955.			11,955.	5,978.		1,708.
109	PAVING	123106	SL	15.00	17	5,800.			5,800.	1,354.		387.
110	PLAYHOUSE EXPANSION	053106	SL	39.00	17	19,338.			19,338.	1,798.		496.
111	LH IMPROVEMENTS - 2ND FLOOR FLOORING,	010107	SL	39.00	17	3,504.			3,504.	266.		90.
121	FLOORING - OFFICES	030308	SL	7.00	17	2,796.			2,796.	599.		399.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MIRIAM'S HOUSE INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
124	FLOORING - UPSTAIRS HALLWAY	092208	SL	7.00	17	5,851.			5,851.	1,254.		836.
125	FLOORING - LOUNGE	093008	SL	7.00	17	3,000.			3,000.	643.		429.
134	BUILDING - MHLP	123110	SL	39.00	19I	942,164.			942,164.			1,007.
	* 990 Page 10 Total Buildings					1,056,107.			1,056,107.	41,667.		11,941.
	Furniture & Fixtures											
2	DESK	010394	SL	7.00	17	85.			85.	85.		0.
3	AT&T 3510 DR FAX MACHINE	010794	SL	5.00	17	495.			495.	495.		0.
4	MISC HOUSEHOLD ITEMS	011094	SL	7.00	17	283.			283.	283.		0.
5	MISC LADDER & STEP STOOL	012894	SL	7.00	17	52.			52.	52.		0.
6	TOOLS & FLASHLIGHT	012394	SL	7.00	17	141.			141.	141.		0.
7	MISC HOUSEHOLD ITEMS	012094	SL	7.00	17	198.			198.	198.		0.
8	BABY CRIBS, MATTRESS, SHEETS	012194	SL	7.00	17	653.			653.	653.		0.
9	KITCHEN UTENSILS	020994	SL	7.00	17	744.			744.	744.		0.
10	TOYS	020294	SL	7.00	17	82.			82.	82.		0.
11	ALCO-SENSOR	022694	SL	7.00	17	527.			527.	527.		0.
12	HP DESKJET 500 INKJET PRINTER	012894	SL	7.00	17	314.			314.	314.		0.
13	KITCHEN UTENSILS	021894	SL	7.00	17	271.			271.	271.		0.
15	HOUSEHOLD & KITCHEN	020294	SL	7.00	17	35.			35.	35.		0.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MIRIAM'S HOUSE INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
16	PICTURE HANGERS	020294	SL	7.00	17	8.			8.	8.		0.
17	MISC KITCHEN ITEMS	021894	SL	7.00	17	17.			17.	17.		0.
18	CORK BOARD	020294	SL	7.00	17	22.			22.	22.		0.
19	MISC FURNITURE	032894	SL	7.00	17	3,837.			3,837.	3,837.		0.
20	SHEETS & TOWELS	040194	SL	7.00	17	466.			466.	466.		0.
22	TV & VCR	040894	SL	7.00	17	750.			750.	750.		0.
24	FURNITURE MISC	041394	SL	7.00	17	852.			852.	852.		0.
25	TREATED LUMBER	062494	SL	7.00	17	416.			416.	416.		0.
26	MISC HOUSEHOLD & KITCHEN	020294	SL	7.00	17	665.			665.	665.		0.
27	ANTI-VIRUS PROGRAM	042494	SL	7.00	17	95.			95.	95.		0.
28	BED & CHAIRS	050594	SL	7.00	17	212.			212.	212.		0.
29	TV & CHAIRS	052694	SL	7.00	17	495.			495.	495.		0.
31	BABY CRIBS	041095	SL	7.00	17	180.			180.	180.		0.
32	SECRETARY'S DESK	082895	SL	7.00	17	357.			357.	357.		0.
33	CARPET	090795	SL	7.00	17	302.			302.	302.		0.
35	IBOR REPLACEMENT	010196	SL	7.00	17	650.			650.	650.		0.
36	HEATING SYSTEM	050196	SL	7.00	17	3,100.			3,100.	3,100.		0.
38	DESK	010194	SL	7.00	17	281.			281.	281.		0.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MIRIAM'S HOUSE INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
39	BLINDS	010194	SL	7.00	17	2,000.			2,000.	2,000.		0.
40	FURNITURE	010194	SL	7.00	17	540.			540.	540.		0.
41	WOOD FOR FURNITURE	010194	SL	7.00	17	404.			404.	404.		0.
42	FURNITURE (OLD DOMINION)	010194	SL	7.00	17	24,344.			24,344.	24,344.		0.
46	PLAYER PIANO	040194	SL	7.00	17	500.			500.	500.		0.
47	WICKER FURNITURE	040194	SL	7.00	17	200.			200.	200.		0.
48	SEWING MACHINE (BERNINA 1001)	090194	SL	7.00	17	841.			841.	841.		0.
57	KONICA COPIER BATHROOM	051900	SL	5.00	17	6,719.			6,719.	6,719.		0.
58	RENOVATIONS	011300	SL	39.00	17	2,270.			2,270.	578.		58.
59	PHONE SYSTEM	100200	SL	7.00	17	3,980.			3,980.	3,980.		0.
60	ICEMAKER	071800	SL	7.00	17	734.			734.	734.		0.
61	PLAQUE	022100	SL	39.00	17	510.			510.	128.		13.
62	FREEZERS (2)	061401	SL	7.00	17	978.			978.	978.		0.
63	DRINK MACHINE	081501	SL	7.00	17	939.			939.	939.		0.
64	MONEY SAFE	022801	SL	7.00	17	450.			450.	450.		0.
65	INTERCOM & CCTV SYSTEM	103101	SL	7.00	17	2,564.			2,564.	2,564.		0.
68	SECURITY CAMERA	013102	SL	7.00	17	415.			415.	415.		0.
69	STEAM CLEANER	091102	SL	7.00	17	190.			190.	190.		0.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MIRIAM'S HOUSE INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
71	ACCOUNTING SOFTWARE	101802	SL	3.00	17	380.			380.	380.		0.
73	BUGGY	062102	SL	7.00	17	1,150.			1,150.	1,150.		0.
74	DIGITAL CAMERA	072202	SL	7.00	17	270.			270.	270.		0.
75	PRINTERS AND CABLE NEW COMPUTER	072202	SL	7.00	17	594.			594.	594.		0.
76	INSTALLATION (2 COM PLAYGROUND	072402	SL	7.00	17	3,666.			3,666.	3,666.		0.
79	EQUIPMENT	110602	SL	7.00	17	29,520.			29,520.	29,520.		0.
80	PENTIUMS DELL INSPIRON 1150	090196	SL	5.00	17	240.			240.	240.		0.
83	LAPTOP COMPUTER	061304	SL	5.00	17	1,180.			1,180.	1,180.		0.
84	BROTHER FAX MACHINE BROTHER LASER	081804	SL	7.00	17	380.			380.	297.		54.
85	PRINTER DELL INSPIRON 1100	081804	SL	7.00	17	200.			200.	159.		29.
86	LAPTOP COMPUTER 2 LATERAL FILING	082604	SL	5.00	17	699.			699.	699.		0.
87	CABINETS 5 TON CARRIER AIR	090204	SL	7.00	17	999.			999.	786.		143.
89	CONDITIONER MODEL 30	092705	SL	7.00	17	2,100.			2,100.	1,350.		300.
90	DELL COMPUTER REFRIGERATOR FOR	122205	SL	5.00	17	1,031.			1,031.	927.		104.
93	PLAYHOUSE	080705	SL	7.00	17	763.			763.	491.		109.
94	WASHING MACHINE	080705	SL	7.00	17	299.			299.	193.		43.
100	2 BABY CRIBS	062805	SL	7.00	17	100.			100.	63.		14.
101	VACUUM CLEANER	123105	SL	7.00	17	140.			140.	90.		20.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MIRIAM'S HOUSE INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
103	SERVER	072402	SL	7.00	17	1,500.			1,500.	1,500.		0.
105	2 DISHWASHERS	012706	SL	7.00	17	1,208.			1,208.	605.		173.
106	DELL PRECISION 380 PC	022106	SL	5.00	17	941.			941.	658.		188.
112	WASHER DRYER	010207	SL	7.00	17	1,007.			1,007.	360.		144.
113	NEW COMPUTER SYSTEM	013007	SL	5.00	17	7,177.			7,177.	3,588.		1,435.
114	EMERGENCY LIGHTING	071207	SL	7.00	17	1,353.			1,353.	483.		193.
115	AIPHONE INTERCOM SYSTEM	082907	SL	7.00	17	1,900.			1,900.	678.		271.
116	LASER PRINTER	013007	SL	5.00	17	900.			900.	450.		180.
117	SHREDDER	090507	SL	7.00	17	250.			250.	90.		36.
118	XEROX PHASER 3124 PRINTERS (3)	041807	SL	5.00	17	540.			540.	270.		108.
119	6 ARMOIRES	021208	SL	7.00	17	939.			939.	201.		134.
120	STOVE	022108	SL	7.00	17	554.			554.	119.		79.
122	ICE MAKER	063008	SL	7.00	17	1,151.			1,151.	246.		164.
123	ARMOIRE	072908	SL	7.00	17	317.			317.	68.		45.
126	13 ADULT MATTRESSES	021208	SL	7.00	17	1,430.			1,430.	306.		204.
127	11 CHILDREN'S MATTRESSES	032108	SL	7.00	17	990.			990.	212.		141.
128	5 TON CARRIER AIR CONDITIONER	062209	SL	7.00	17	3,500.			3,500.	250.		500.
129	(2) WASHER/DRYER UNITS	122909	SL	7.00	17	2,213.			2,213.	158.		316.

2010 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - MIRIAM'S HOUSE INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
130	COPIER	090310	SL	5.00	19B	2,190.			2,190.			219.
131	REFRIGERATOR	030410	SL	7.00	19C	626.			626.			45.
	MULTI MEDIA											
132	PROJECTOR	020910	SL	5.00	19B	549.			549.			55.
	* 990 Page 10 Total Furniture & Fixtur					140,109.			140,109.	115,386.		5,517.
	Land											
133	LAND	123110	L			80,441.			80,441.			0.
	* 990 Page 10 Total Land					80,441.			80,441.	0.		0.
	* Grand Total 990 Page 10 Depr					1,276,657.			1,276,657.	157,053.		17,458.

2011 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - MIRIAM'S HOUSE INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	Buildings								
66	DOOR	030801	SL	39.00	367.		367.	88.	9.
72	DAYCARE CABINETS AND SINK	032502	SL	39.00	2,564.		2,564.	580.	66.
77	THE BUS STOP REMODELING	092502	SL	39.00	2,813.		2,813.	597.	72.
78	STORAGE SHED	102302	SL	39.00	1,296.		1,296.	271.	33.
88	NEW BACK DECK	070804	SL	39.00	11,940.		11,940.	1,976.	306.
91	NEW UPSTAIRS FLOORING	082905	SL	7.00	12,829.		12,829.	10,081.	1,833.
92	NEW LIVING ROOM FLOORING	100305	SL	7.00	3,206.		3,206.	2,519.	458.
	1 1/2 TON CARRIER HEATPUMP MODEL								
95	38YK FOR RIGHT SIDE OFFICE	122905	SL	7.00	3,922.		3,922.	3,080.	560.
	2 1/2 TON CARRIER AIR CONDITIONER								
96	FOR DAYCARE	122905	SL	7.00	1,610.		1,610.	1,265.	230.
97	MISC LH IMPROVEMENTS	122905	SL	7.00	5,899.		5,899.	4,636.	843.
98	KITCHEN TILE	051005	SL	7.00	10,263.		10,263.	8,063.	1,466.
107	FLOORING - PLAYHOUSE	082406	SL	7.00	4,990.		4,990.	3,208.	713.
108	2 HOT WATER HEATERS	050106	SL	7.00	11,955.		11,955.	7,686.	1,708.
109	PAVING	123106	SL	15.00	5,800.		5,800.	1,741.	387.
110	PLAYHOUSE EXPANSION	053106	SL	39.00	19,338.		19,338.	2,294.	496.
	LH IMPROVEMENTS - 2ND FLOOR								
111	FLOORING, 1ST FLOOR WALLS	010107	SL	39.00	3,504.		3,504.	356.	90.
121	FLOORING - OFFICES	030308	SL	7.00	2,796.		2,796.	998.	399.
124	FLOORING - UPSTAIRS HALLWAY	092208	SL	7.00	5,851.		5,851.	2,090.	836.
125	FLOORING - LOUNGE	093008	SL	7.00	3,000.		3,000.	1,072.	429.
134	BUILDING - MHLP	123110	SL	39.00	942,164.		942,164.	1,007.	24,158.
	* 990 Page 10 Total Buildings				1,056,107.		1,056,107.	53,608.	35,092.
	Furniture & Fixtures								
2	DESK	010394	SL	7.00	85.		85.	85.	0.
3	AT&T 3510 DR FAX MACHINE	010794	SL	5.00	495.		495.	495.	0.
4	MISC HOUSEHOLD ITEMS	011094	SL	7.00	283.		283.	283.	0.
5	MISC LADDER & STEP STOOL	012894	SL	7.00	52.		52.	52.	0.
6	TOOLS & FLASHLIGHT	012394	SL	7.00	141.		141.	141.	0.
7	MISC HOUSEHOLD ITMES	012094	SL	7.00	198.		198.	198.	0.
8	BABY CRIBS, MATTRESS, SHEETS	012194	SL	7.00	653.		653.	653.	0.
9	KITCHEN UTENSILS	020994	SL	7.00	744.		744.	744.	0.

2011 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - MIRIAM'S HOUSE INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
10	TOYS	020294	SL	7.00	82.		82.	82.	0.
11	ALCO-SENSOR	022694	SL	7.00	527.		527.	527.	0.
12	HP DESKJET 500 INKJET PRINTER	012894	SL	7.00	314.		314.	314.	0.
13	KITCHEN UTENSILS	021894	SL	7.00	271.		271.	271.	0.
15	HOUSEHOLD & KITCHEN	020294	SL	7.00	35.		35.	35.	0.
16	PICTURE HANGERS	020294	SL	7.00	8.		8.	8.	0.
17	MISC KITCHEN ITEMS	021894	SL	7.00	17.		17.	17.	0.
18	CORK BOARD	020294	SL	7.00	22.		22.	22.	0.
19	MISC FURNITURE	032894	SL	7.00	3,837.		3,837.	3,837.	0.
20	SHEETS & TOWELS	040194	SL	7.00	466.		466.	466.	0.
22	TV & VCR	040894	SL	7.00	750.		750.	750.	0.
24	FURNITURE MISC	041394	SL	7.00	852.		852.	852.	0.
25	TREATED LUMBER	062494	SL	7.00	416.		416.	416.	0.
26	MISC HOUSEHOLD & KITCHEN	020294	SL	7.00	665.		665.	665.	0.
27	ANTI-VIRUS PROGRAM	042494	SL	7.00	95.		95.	95.	0.
28	BED & CHAIRS	050594	SL	7.00	212.		212.	212.	0.
29	TV & CHAIRS	052694	SL	7.00	495.		495.	495.	0.
31	BABY CRIBS	041095	SL	7.00	180.		180.	180.	0.
32	SECRETARY'S DESK	082895	SL	7.00	357.		357.	357.	0.
33	CARPET	090795	SL	7.00	302.		302.	302.	0.
35	IBOR REPLACEMENT	010196	SL	7.00	650.		650.	650.	0.
36	HEATING SYSTEM	050196	SL	7.00	3,100.		3,100.	3,100.	0.
38	DESK	010194	SL	7.00	281.		281.	281.	0.
39	BLINDS	010194	SL	7.00	2,000.		2,000.	2,000.	0.
40	FURNITURE	010194	SL	7.00	540.		540.	540.	0.
41	WOOD FOR FURNITURE	010194	SL	7.00	404.		404.	404.	0.
42	FURNITURE (OLD DOMINION)	010194	SL	7.00	24,344.		24,344.	24,344.	0.
46	PLAYER PIANO	040194	SL	7.00	500.		500.	500.	0.
47	WICKER FURNITURE	040194	SL	7.00	200.		200.	200.	0.
48	SEWING MACHINE (BERNINA 1001)	090194	SL	7.00	841.		841.	841.	0.
57	KONICA COPIER	051900	SL	5.00	6,719.		6,719.	6,719.	0.
58	BATHROOM RENOVATIONS	011300	SL	39.00	2,270.		2,270.	636.	58.
59	PHONE SYSTEM	100200	SL	7.00	3,980.		3,980.	3,980.	0.
60	ICEMAKER	071800	SL	7.00	734.		734.	734.	0.

2011 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - MIRIAM'S HOUSE INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
61	PLAQUE	022100	SL	39.00	510.		510.	141.	13.
62	FREEZERS (2)	061401	SL	7.00	978.		978.	978.	0.
63	DRINK MACHINE	081501	SL	7.00	939.		939.	939.	0.
64	MONEY SAFE	022801	SL	7.00	450.		450.	450.	0.
65	INTERCOM & CCTV SYSTEM	103101	SL	7.00	2,564.		2,564.	2,564.	0.
68	SECURITY CAMERA	013102	SL	7.00	415.		415.	415.	0.
69	STEAM CLEANER	091102	SL	7.00	190.		190.	190.	0.
71	ACCOUNTING SOFTWARE	101802	SL	3.00	380.		380.	380.	0.
73	BUGGY	062102	SL	7.00	1,150.		1,150.	1,150.	0.
74	DIGITAL CAMERA	072202	SL	7.00	270.		270.	270.	0.
75	PRINTERS AND CABLE	072202	SL	7.00	594.		594.	594.	0.
76	NEW COMPUTER INSTALLATION (2 COMPUTERS)	072402	SL	7.00	3,666.		3,666.	3,666.	0.
79	PLAYGROUND EQUIPMENT	110602	SL	7.00	29,520.		29,520.	29,520.	0.
80	PENTIUMS	090196	SL	5.00	240.		240.	240.	0.
83	DELL INSPIRON 1150 LAPTOP COMPUTER	061304	SL	5.00	1,180.		1,180.	1,180.	0.
84	BROTHER FAX MACHINE	081804	SL	7.00	380.		380.	351.	29.
85	BROTHER LASER PRINTER	081804	SL	7.00	200.		200.	188.	12.
86	DELL INSPIRON 1100 LAPTOP COMPUTER	082604	SL	5.00	699.		699.	699.	0.
87	2 LATERAL FILING CABINETS	090204	SL	7.00	999.		999.	929.	70.
89	5 TON CARRIER AIR CONDITIONER MODEL 38CKC060	092705	SL	7.00	2,100.		2,100.	1,650.	300.
90	DELL COMPUTER	122205	SL	5.00	1,031.		1,031.	1,031.	0.
93	REFRIGERATOR FOR PLAYHOUSE	080705	SL	7.00	763.		763.	600.	109.
94	WASHING MACHINE	080705	SL	7.00	299.		299.	236.	43.
100	2 BABY CRIBS	062805	SL	7.00	100.		100.	77.	14.
101	VACUUM CLEANER	123105	SL	7.00	140.		140.	110.	20.
103	SERVER	072402	SL	7.00	1,500.		1,500.	1,500.	0.
105	2 DISHWASHERS	012706	SL	7.00	1,208.		1,208.	778.	173.
106	DELL PRECISION 380 PC	022106	SL	5.00	941.		941.	846.	95.
112	WASHER DRYER	010207	SL	7.00	1,007.		1,007.	504.	144.
113	NEW COMPUTER SYSTEM	013007	SL	5.00	7,177.		7,177.	5,023.	1,435.
114	EMERGENCY LIGHTING	071207	SL	7.00	1,353.		1,353.	676.	193.
115	AIPHONE INTERCOM SYSTEM	082907	SL	7.00	1,900.		1,900.	949.	271.

2011 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - MIRIAM'S HOUSE INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
116	LASER PRINTER	013007	SL	5.00	900.		900.	630.	180.
117	SHREDDER	090507	SL	7.00	250.		250.	126.	36.
118	XEROX PHASER 3124 PRINTERS (3)	041807	SL	5.00	540.		540.	378.	108.
119	6 ARMOIRES	021208	SL	7.00	939.		939.	335.	134.
120	STOVE	022108	SL	7.00	554.		554.	198.	79.
122	ICE MAKER	063008	SL	7.00	1,151.		1,151.	410.	164.
123	ARMOIRE	072908	SL	7.00	317.		317.	113.	45.
126	13 ADULT MATTRESSES	021208	SL	7.00	1,430.		1,430.	510.	204.
127	11 CHILDREN'S MATTRESSES	032108	SL	7.00	990.		990.	353.	141.
128	5 TON CARRIER AIR CONDITIONER	062209	SL	7.00	3,500.		3,500.	750.	500.
129	(2) WASHER/DRYER UNITS	122909	SL	7.00	2,213.		2,213.	474.	316.
130	COPIER	090310	SL	5.00	2,190.		2,190.	219.	438.
131	REFRIGERATOR	030410	SL	7.00	626.		626.	45.	89.
132	MULTI MEDIA PROJECTOR	020910	SL	5.00	549.		549.	55.	110.
	* 990 Page 10 Total Furniture & Fixtures				140,109.		140,109.	120,903.	5,523.
	Land								
133	LAND	123110	L		80,441.		80,441.		0.
	* 990 Page 10 Total Land				80,441.		80,441.	0.	0.
	* Grand Total 990 Page 10 Depr				1,276,657.		1,276,657.	174,511.	40,615.