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`_{Form} 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

Inte	mal Reve	nue Service	' ▶ 1	The organization ma	y have to use a	a copy of this return	n to satis	fy state rep	orting req	uirements.	Inspecti	on
<u>A</u>	For th	he 2009 ca	alendar	year, or tax year b				nd ending	De	ec 31	, 20 09	
В	Check if	applicable.	Please	C Name of organization	on Michlana I	Mennonite Relief	Sale			D Emplo	yer identification	number
	Address	s change	use IRS label or	Doing Business As						23	71555	35
	Name c		print or type.	Number and street (or	P.O. box if mail is r	not delivered to street add	iress)	Room/suite		•	ione number	
	initial re		See Specific	PO Box 243						(574)	533-42	06
	Termina	ated	Instruc-	City or town, state	•	IP + 4						
		ed return	tions.	Goshen IN 4652						G Gross r	eceipts \$	
Ш	Application	on pending		ne and address of prin			uer		H(a) Is thus	s a group retur	n for affifiates? Ve s	i □No
-				Canterbury Ct, Go				 .	1		included? Tes	
÷		cempt status	s: [<u>/</u>] 5	501(c) ()◀ (insert n	o.)	(1) or 527			1		a list (see instructi	ons)
K	Webs		110-	oration Trust Ass			T. V	-4.4		exemption ru		
_	art I			Orauon L. I Irust L. Ass	ociation L Other		L Tear	of formation		M State o	of legal domicile:	
L	_	Summ						Annual		alaa fusad	la faz tha warl	<u></u>
	1	Briefly de	escribe	the organization's	s mission or r	nost significant a	ctivities:	Annual	sale to ra	aise tuno	is for the worl	a-wide
8				lopment activitie stituent churches								
Æ	'	Manne	01 0011	antaein chaiche	s that contrib	ute volunteer th	ne anu	some sup	piles and	ı matena	is for the sale	<u>'</u>
Ş	,	Chask this		f the organization	discontinued its	onomiono or dianoco		than 250/ a				
Ĝ	3									ets. 3	I	11
45 95	4	Number	Ol vipuli	members of the pendent voting m	and some of the	ody (Fart VI, line	ia) √Dort\/	 Llina 1h\		4		<u></u>
¥	5	Total diff	pher of	employees (Hart	VI line 39)					5		0
Activities & Governance	6	Total nui	Riber di	volunteers (estim	atent heces	 en/)				. 6		500
•				lated business no			 C) line 1			7a		0
	b	Net unrel	lated by	rsines theale in	ome from Fo	orm 990-T, line 3	4			. 7b		0
			U	UDLIVI					Prior Y	ear	Current Ye	ar
	8	Contribut	tions ar	nd grants (Part VII	I, line 1h) .			🗀			32,	935.24
Revenue				revenue (Part VII				1			366,	041.87
Š				me (Part VIII, colu							2,	142.73
-	11	Other rev	venue (l	Part VIII, column (A), lines 5, 6d	l, 8c, 9c, 10c, an	d 11e)					
	12	Total reve	enue-a	dd lines 8 through	11 (must equa	d Part VIII, column	(A), line	12)			371,	119.84
				lar amounts paid					374	4,173.64		
ø	14			or for members ([0
Expenses	15			ompensation, emplo				-10)	 			0
Ş.	16a			draising fees (Part			io io i	<u></u>	 			0
Ŵ	~			expenses (Part IX,		10 20/	89,197.	25	·····			
				(Part IX, column (• •				344.32
	18 19	Revenue	enses. Jess evi	Add lines 13-17 openses. Subtract lin	(must equal F	'art IX, column (A), line 2	5)				714.09
P 8		1 to veride	1033 67	Denses. Subtract III	ie io nom int	3 12	•••		inning of C	urrent Veer		595.00
age of	20	Total acc	ete (Da	rt X, line 16)				===	 	3,842.00		547.00
Net Assets Fund Baland	21			Part X, line 26)				· ·		0	70,	0
ž Š	22	Net asset	ts or fu	nd balances. Sub	tract line 21 f	rom line 20			268	3.842.00	43.	547.00
	art II		ature					<u> </u>				
	•	Under pe	naities of	perjury, I declare that I	have examined t	his return, including a	ccompany	ng schedule	s and stater	nents, and	to the best of my k	nowledge
		and belief	r, it is true	g, correct, and comple	te Declaration of	preparer (other than	officer) is	based on all	information	of which pi		_
Siç	jn		(/n	en						<u> 2 - 7</u>	-2010)
He	re	Signa	ature of o		01-	Tara		_	Dat	е		
			OP		VER,	INGAS	URE	n				
	_	Type	or print	name and title			,				· · · · · · · · · · · · · · · · · · ·	
		Preparer's					Date	Checl self-	cıf	Preparer's	dentifying number	
Paid	i	signature	7				}		yed ▶ 🔲	,coo misuuc		
Prej	parer's	Firm's na	me lor	ouro k			L			<u> </u>		
Use	Only	if self-em	ployed),	———					EIN	<u> </u>	<u> </u>	
Ma	v tha !	address,					-A		Phone n	o. ▶ (<u>)</u>	
				return with the p				IS)		·	. Yes	No No
For	Privac	cy Act and	d Paper	work Reduction Ad	t Notice, see	the separate instr	uctions.		Cat. No 11	282Y	Form 99	0 (2009)

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Annual sale to raise funds for the world-wide
	relief and development activities of Mennonite Central Committee (MCC), headquartered in Akron PA
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
	the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
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 \$including grants of \$) (Revenue \$) Please note: We will forward all funds except about \$30,000 for operating expenses leading up to our sale
	September 2010. This forwarding of funds goes to MCC in Akron, PA.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	•••••••••••••••••••••••••••••••••••••••
	•
	·
41	Other program services (Describe in Schedule O.)
- -	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses

Pa	t 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)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		✓
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		√
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
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? If "Yes," complete Schedule F, Part II	15		✓_
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? If "Yes," complete Schedule F, Part III	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		4
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u>√</u>

Pa	Checklist of Required Schedules (continued)			
		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
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>	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
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	38	1	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
18	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	·	ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?.	5c		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		✓
b	organization solicit any contributions that were not tax deductible?			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a	√	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
	If "Yes," indicate the number of Forms 8282 filed during the year	į		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		√
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ħ	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		1
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<u> </u>	İ	
11	Section 501(c)(12) organizations. Enter:		j	
	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	amounts due or received from them.)	12a	1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	120		

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.

Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body	\int					
b	Enter the number of voting members that are independent]	1				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	}]	ł			
	any other officer, director, trustee, or key employee?	2		✓			
3	Did the organization delegate control over management duties customarily performed by or under the direct	[
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓			
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1			
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1			
6							
7a	7a Does the organization have members, stockholders, or other persons who may elect one or more members						
	of the governing body?	7a	Į	1			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during						
	the year by the following:			ļ			
	The governing body?	8a	✓				
b	Each committee with authority to act on behalf of the governing body?	8b	✓				
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	9a	Ĺ	1			
	tion B. Policies (This Section B requests information about policies not required by the Inter-	∍mal					
Hev	enue Code.)			,			
			Yes	No			
	Does the organization have local chapters, branches, or affiliates?	10a	<u> </u>	✓			
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,						
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		,				
	form?	11	✓	ļ			
11A	Describe In Schedule O the process, if any, used by the organization to review this Form 990.						
128	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	ļ	✓			
Þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			,			
	rise to conflicts?	12b		✓			
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.					
40	describe in Schedule O how this is done	12c		1			
13	Does the organization have a written whistleblower policy?	13		1			
14	Does the organization have a written document retention and destruction policy?	14		A			
15	Did the process for determining compensation of the following persons include a review and approval by						
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	150					
		15a		 			
U	Other officers or key employees of the organization	15b					
160							
100	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1			
		100					
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard						
	the organization's exempt status with respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ None						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or	1/310	only)				
	available for public inspection. Indicate how you make these available. Check all that apply.	,,(U)S (~· y /				
	☐ 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	of inte	arpet				
	policy, and financial statements available to the public.	J. 11110					
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	f the				
	organization: ▶ Ora Troyer, 1444 Canterbury Ct, Goshen IN 46526. Michelle Lehman 1309 S 13th St, Gos	hen I	N 465	526			

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

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

[7] Check this hav if the arganization did not components any current officer, director, or trustee

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. Use Schedule J-2 if additional space is needed.

- 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. 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.

(A)	(B)	ally (Juili			 	iii ec	(D)	(E)	(F)
Name and Title	Average	(C) Position (check all that apply)					noh A	Reportable	Reportable	(F) Estimated
Name and The	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Dave Yoder										
				1	L				l	
Michelle Lehman				1						
Ora Troyer				1						
Elaine Frey		1								
Leonard Miller		1								
Lydia Hochstetler		1								
Matt Miller		1								
Chris Gill		1								
Laverne Miller		1								
Ruth Yankey		1								
Winifred Saner		1								
Please note: None of the above are compensated financially. We have monthly										
board meetings of about 3 hours. During the annual sale in September										
board members and other volunteers may put in hundreds of hours. We also have an										
annual kick-off meeting of about 3 hours.			<u> </u>			_				

Part VII Section A. Officers, Directors, Tru	ıstees, Key	Emp	loy	908,	an	d Higi	hest	t Compensated	i Employees (c	ontinue	rd)	
A	(B)	_	(C)					(D)	(E)	1 _	(F)	
Name and title	Average hours per week	গৈ Individual trustee or director	nstitutional trustee	Officer	a Key employee	a Highest compensated at employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	con	stimated mount of other other opensation the ganization anization	1
										 		
			-	\vdash	-	<u> </u>				+		_
			-		_		-			 		_
		ļ	<u> </u>			ļ						_
					}							
					-							
						_						
1b Total	<u> </u>	<u>. </u>	ł	<u>. </u>	<u> </u>	L				+		_
2 Total number of individuals (including but	not limited	to the	ose	liste	ed a	bove) wł	no received mo	ore than \$100,0	000 in		
reportable compensation from the organiza	ation >										Yes	Į,
3 Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest c	ompensated	3		√
4 For any individual listed on line 1a, is the state organization and related organizations	sum of repo	ortabl	e c	omp	ens	sation						_
 individual	or accrue	comp	Den: Sch	satio	on 1	from a	any		anization for	5		<u>√</u> √
Section B. Independent Contractors							<u></u>	po.00		1 0	<u> </u>	Ť
 Complete this table for your five highest compensation from the organization. 	ompensate	d ind	ере	nde	nt o	contra	cto	rs that receive	d more than \$	100,00	0 of	
(A) Name and business add	iress					<u>-</u> -		(B) Description of s	ervices		c) ensation	
None							<u> </u>					_
												_
												_
2 Total number of independent contractors (i	ncluding bu	ut not	lim	ited	to	those	liste	ed above) who	received			_

Par	t VII	Statement of Revenue				I	
سحر				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
हा हा	1a	Federated campaigns 1a					,,
Contributions, gifts, grants and other similar amounts	h	Membership dues 1b					
a S	C	Fundraising events 1c	366,041.87				
# #	٦	Related organizations 1d					
8.E	e	Government grants (contributions).				Ì	
P S	f	All other contributions, gifts, grants,					
혈	•	and similar amounts not included above	32,935.24				
E O	g					}	
ပ္မွ ်	ň	Total. Add lines 1a-1f	▶	398,978.11			į
	\Box		Business Code				
E E	2a						1
Ž	Ь						
<u>8</u>	6						
<u>2</u>	d						
Ē	e						
Program Service Revenue	f	All other program service revenue .					
E	g	Total. Add lines 2a-2f	🕨				
	3 4	Investment income (including dividends other similar amounts)	▶	2,142.73			
	5	Royalties			····		ļ
	b	Gross Rents Less: rental expenses Rental income or (loss)	(ii) Personal				
	d	Net rental income or (loss)	<u></u> ▶				
	7a	Gross amount from sales of assets other than inventory	(ii) Other				
	ļ	Less: cost or other basis and sales expenses . Gain or (loss)	-				
9	ł	Gross income from fundraising					
Revenue		events (not including \$					
5	١.	See Part IV, line 18 a				{	
Other	6	Less: direct expenses b Net income or (loss) from fundraising e	vents >			ł	
		Gross income from gaming activities. See Part IV, line 19	vonts . ,				
		Less: direct expenses b					
	C	Net income or (loss) from gaming activi	ties . >				
	10a	Gross sales of inventory, less					
	1	returns and allowances a					1
		Less: cost of goods sold b]
	<u></u>	Net income or (loss) from sales of invento					
	<u> </u>	Miscellaneous Revenue	Business Code				
	11a				·		ļ
	b			_ _		ļ	ļ
	c					ļ	ļ
		All other revenue				ļ	ļ
	e	Total. Add lines 11a-11d	🟲			<u> </u>	
	12	Total revenue. See instructions.	<u> ▶</u>	371,119.84	L	1	l

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) out are no	t required to com	piete columns (B),	(C), and (D).
	not include amounts reported on lines 6b, 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	374,173.64			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the	0			
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members ,	-			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			·
11	Fees for services (non-employees):				
	Management	0			
þ	Legal	0			· · · · · · · · · · · · · · · · · · ·
	Accounting	0	····		
	Lobbying	0			
f	Investment management fees	0		·	
	Other	0			
12	Advertising and promotion		12,163.38		
13	Office expenses				
14	Information technology ,	0			···
15	Royalties	0			
16	Occupancy	0			·
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	0			
23	Insurance		4,274.00		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed			;	
	5% of total expenses shown on line 25 below.) Food & mdse for resale		52,161.89		
a	Equip rental & other related items		18,769.75		
b	Credit card services		1,828.23	- ·	
d	Fire claims related to 2007 Sale.		133,422.32	·	
e					
_	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	374,173.64	222,619.57		
26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation				

Pa	irt X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	32,149.32	1	13,547.00
	2	Savings and temporary cash investments	236,692.36	2	30,000.00
	3	Pledges and grants receivable, net		3	···
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		5	
γ	6	Schedule L			
		Part II of Schedule L		6	
	_ ا			7	
Assets	7	Notes and loans receivable, net		8	
Ş	8	Inventories for sale or use		9	
-	9	Prepaid expenses and deferred charges			
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets	- · · · · · · · · · · · · · · · · · · ·	14	
	15	Other assets. See Part IV, line 11		15	··· · · · · · · · · · · · · · · · · ·
	16	Total assets. Add lines 1 through 15 (must equal line 34)		16	
	17	Accounts payable and accrued expenses		17	· · · · · · · · · · · · · · · · · · ·
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ijes	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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			23	
	24	Secured mortgages and notes payable to unrelated third parties 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		26	
Sex		Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			
land	27	Unrestricted net assets		27	
8	28	Temporarily restricted net assets		28	
됟	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
386	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
4	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ne	33	Total net assets or fund balances	268,842	33	43,547.00
	34	Total liabilities and net assets/fund balances		34	

Form	990	(2009)

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

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No 1545-0047 Open to Public

Inspection

Internal Revenue Service Employer identification number Name of the organization Michiana Mennonite Relief Sale 7155535 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(l). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33\% % 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 33/4 % of its support from gross Investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** ☐ Type II a 🗌 Type i c Type III-Functionally integrated d Type III-Other e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, or Type III supporting 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) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (I) Name of supported (ii) EIN (iii) Type of organization (Iv) is the organization (v) Did you notify (vii) Amount of (vi) is the organization (described on lines 1-9 in col. (i) listed in your organization in col the organization in support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) support? U.S.? Yes No No Yes Yes

Please note:

Relative to line 13:

The grants forwarded to Mennonite Central Committee \$355,000.00, to Ten Thousand Villages \$17,817.34, and to Choice Books \$1,356.30 totaling \$374,173.64 were paid from amounts of the annual sales of 2007, 2008, and 2009.

In 2007 during the night of the sale an accidental fire occurred. A substantial amount of money was retained from 2007 and 2008 sales for potential claims that might not be covered by our insurance. Those claims were settled in 2009 and amounts left over were then forwarded as well as amounts from the 2009 sale.

Because of that, line 19 shows a negative balance. The amount on line 22 reflects the balance in our accounts as of December 31, 2009.